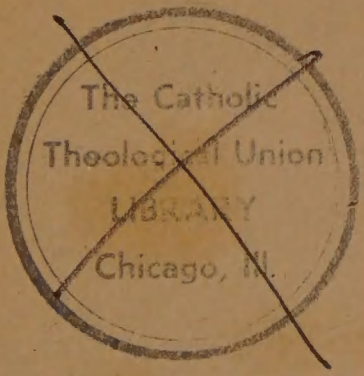
242.6
C626t


The Catholic
Theological Union
LIBRARY
Chicago, Ill.

THOU SHALT NOT KILL

THOU SHALT NOT KILL

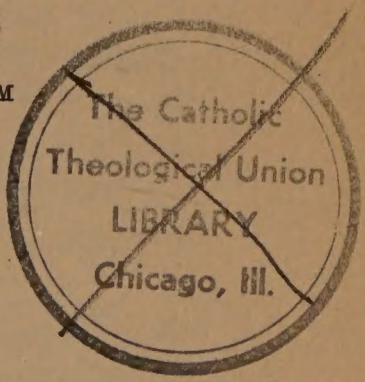
A DOCTOR'S BRIEF FOR THE UNBORN CHILD

BY

G. CLEMENT, M.D.
CHIEF SURGEON AT THE
CANTONAL HOSPITAL, FRIBOURG
MEMBER OF THE
GYNECOLOGICAL SOCIETY
FRENCH SWITZERLAND

AUTHORIZED TRANSLATION FROM
FOURTH FRENCH EDITION

242.6
C626t



THE PETER REILLY COMPANY
PUBLISHERS—BOOKSELLERS—IMPORTERS
133 NORTH THIRTEENTH STREET
PHILADELPHIA

COPYRIGHT, 1930
THE PETER REILLY COMPANY

PRINTED IN U.S.A.

2482

FOREWORD

Dr. George Clement has not only attained distinction in his profession in Europe; he has never ceased in his efforts to maintain at a high level, the ethics of the medical profession.

In the present work, he attacks the problem of abortion. With figures at his command, he exposes its extent. He discusses its moral and physical implications. He insists on the rights of the unborn child as a person, from the moment of its conception. He refutes the current allegations in favor of direct intervention.

The book possesses a distinct value because the author rests his arguments chiefly on medical grounds, and demonstrates that, through progress in medical science, the profession is gradually bringing itself into harmony with the natural law, which forbids any direct attack on any human life.

The favorable reception which has been accorded the work in Europe has suggested its presentation in an English dress. The translation has been undertaken not only to make

available the mature thought of a continental doctor on a vexed question, but also to stimulate a representative member of the medical profession to offer a similar, and perhaps a more detailed presentation.

CONTENTS

CHAPTER		PAGE
I	A Retrospect	5
II	The Attitude of Materialists	14
III	Clearing the Ground	16
IV	Individuality and Personality	22
V	Conflicts in the Rights of Persons	32
VI	Relative Infrequency of Acute Conflicts	39
VII	The General Rule	44
VIII	Objections	52
IX	Mutual Subordinations	61
X	The Strong and the Weak	63
XI	The Conscience of the Doctor and the Law	68
XII	Less Acute Conflicts	82
XIII	Respect for the Life of the Child Stimulates Progress	93
XIV	Toward the Suppression of "Therapeutic" Abortion	100
XV	Tuberculosis	123
XVI	The Testimony of Clinical Facts	134
XVII	Social Peril	137

CHAPTER I

A RETROSPECT

IN the practice of the medical profession, conflicts occasionally arise between the rights of the mother and the rights of the child, between the concern of the doctor for the life, the health, or the honor of the woman and his obligation to protect the life of the child which she carries in her womb. These conflicts present cases of conscience which are extremely involved, and which sometimes place the doctor in most distressing situations.

The considerations which follow do not profess to remove or to solve all these difficulties; they represent an effort to meet certain of these trying situations with fixed and definite principles. I have lived long enough to have seen amazing changes in medical opinion on this intricate matter. In the university which I attended at the beginning of my medical studies, only one difficulty at

first presented itself, with regard to a pregnant woman; the dramatic complication where the child appeared as an obstacle which must be removed to save the life of the mother. In the course of time, the indications or rather the motives which were advanced to justify the extraction of an unborn child increased in number and widened in range, while at the same time public opinion became strangely tolerant of theories which subordinated the life of the child to the needs, the interests, or even the convenience of the mother.

In a short time the problem was no longer the tragic antagonism in which the question of life or death at the moment of labor required the sacrifice of the child; eclampsia psychic disturbances, heart and lung affections, began one by one to be recognized as legitimate reasons for the interruption of pregnancy. These affections were at first considered only when well advanced and of an alarming character; then the less distinct symptoms of these diseases, the early stages, tendencies, predispositions, especially in the field of pulmonary tuberculosis, received recognition. Soon certain doc-

tors became engaged in the dangerous business of interrupting pregnancy for extra-medical considerations. It must be admitted that the pathetic character of certain painful situations, such as disgrace threatening a young girl and her family, poverty, or the fear of harsh restrictions in living conditions constitute a threat as grave, if not more grave, than the pathological conditions which were admitted as legitimate indications for interrupting pregnancy.

Meanwhile an extensive literature was developed in the endeavor to change and recast public opinion which was considered to be rigorous and old-fashioned. The theatre and the novel did their work well. Extreme cases were presented in which an adroit combination of circumstances made the severity of the moral law appear unreasonable and insufferably cruel. Reasons of sentiment, reasons based on that humatarianism which so readily captures the imagination of the 'average reader'—and for a stronger reason that of woman readers—broke down like straw the traditional barriers which the old moral standard and the needs of the social order had constructed.

In this growing disregard for the life of the child, some unexpected changes, even reversals of opinion occasionally appeared. At the time of my university studies, official figures were rigorously demanded in the dimensions of the pelvis to make labor possible. On the basis of these figures, many of my confreres of other days laid down as inevitable the use of the cranioclast, to crush or perforate the head of the child to save the mother. A more careful observation showed that these figures had been determined too rigidly. Perhaps in order to induce a more healthy state of mind, nature herself manifested powers of adaptation and resources which the theories of the schools did not anticipate.

The methods of artificially enlarging the size of the pelvis, and progress in the Cæsarian operation, soon made quite rare the necessity of mutilating the fetus in this brutal fashion, even in the case of those who were least concerned with the life of the child. This is so true that a recent work (Jan. 1926) from the gynecological clinic of the University of Kiel, directed by Professor Schröder reaches this conclusion, "Today in the case of a contracted

pelvis, a living child can be secured almost as a general rule, without danger to the mother."

Again, when the doctrine that it was absolutely necessary to empty the uterus without delay at the first symptoms of eclampsia, seemed well established—at least outside of France, where this radical and violent procedure had not gained ground—the statistics of Stroganoff appeared, to the confusion of many doctors. These figures showed, from expectant treatment and the judicious use of conservative medical measures, results that were superior even for the mother, to the results of the radical measures which had consistently terminated pregnancy. It is well known that Stroganoff was not the originator of this procedure. Unfortunately it had been allowed to become obsolete. I recall to mind the scene of confusion in a hospital late at night, in preparation for an operation of extreme urgency to extract a child, an operation which the theories in vogue at the time with regard to a woman in the state of eclampsia made imperative. The woman, under the care of an old doctor on the staff who was not 'up-to-date', left the hospital three days later, cured, and still pregnant.

After it became customary to see in 'hyperemesis gravidarum' a justification for abortion, methods were gradually evolved which restricted in a great degree the number of cases in which the vomiting was really uncontrolable, and thus safeguarded the lives of a great many children.

Some doctors had become accustomed to seize on the slightest sign of involvement in the lungs to advise and procure abortion, since the danger of pregnancy in tuberculosis had been exaggerated. Yet the International Conference on Tuberculosis at Lausanne, in 1924, no longer admitted the incompatibility of pregnancy with tuberculosis, and this by an almost unanimous opinion. The abstractor, Forssner of Stockholm, in a recent publication (cited by the D. M. W. of May 7, 1926 [1] concludes that it is by no means proved that pregnancy exercises a harmful influence on pulmonary tuberculosis. Menge of Heidelberg, (ibid. June 7, 1926) sees in conservative measures the treatment of the future, even in the more serious forms of the disease.

Meanwhile the ruthless readjustment of the

[1] Abbreviation for Deutsche medizinische Wochenschrift.

World War intervened. As the invading armies approached, how many sons of France groaned over the voluntary restriction of births, which, it was too plain, was held in high regard in certain sections and in certain social classes. But for this 'artful indulgence', more quality would have been assured in the forces at command, the attackers would have been less confident of an easy victory, and there would have been preserved from death on the French side alone, probably a million and a half of adults, among them many of those who were considered the beneficiaries of these selfish calculations.

Similar preoccupations soon appeared on the German side. In the prominent medical reviews, we read that the Catholics and orthodox Jews alone, by their normal fecundity, kept up the hope of the country. University professors who had been occupied with a false eugenics and who had contributed in large measure to the decrease in the birth rate, raised the cry of alarm. For the good of the country the demand was made on all sides for individual sacrifices, voluntary restrictions and restraints, which before this crisis, no one had dared to

exact in the name of moral standards and the natural law. This attitude of mind is revealed in the pleading tone of Linzenmeyer of Berlin in 1920, who would impose the Cæsarian operation on a dying mother as a pressing duty. "Granting the actual higher value of the life of the child, an operation which is justified medically, cannot be dispensed with for reasons of pity or sentiment" (cited by Rochat, at the recent Swiss Congress of Gynecology). Little by little, the painful demands of patriotism slackened, and likewise the severity of these demands from the point of view of conjugal obligations. With the return of equilibrium and a certain measure of comfort, and still more with the general craving for comfort, the indulgence of a former day gradually returned.

Is it in accordance with his character as a man and a reasoning man, for a doctor, in a matter so serious, to allow himself to be influenced by the waves of changing opinions, by considerations of temporary expediency? He should not adopt once and for all and without question, the rigid rules of a system which knows no change; rather should he allow himself to be influenced by the constant struggle

and endeavor towards the better, that inspires every system of therapeutics worthy of the name, and be guided by a clear vision of the degree of respect which the life of the child always deserves.

CHAPTER II

THE ATTITUDE OF MATERIALISTS

WE first encounter the teaching which denies to the child all right to be born. With more complaisance than doctors, literary men in search of sensational themes—and also literary women, in whom there seems to appear the resentment of frustrated motherhood—believing that they are advancing modern ideas, which historically are contemporary with ancient times in their decadence, profess to give to the mother the right of disposing freely of the fruit of the womb. "Women," it is bluntly said, "is absolute mistress of her own body. The 'red packet' enclosed in the womb is just as much a part of her as if it were a polyp, which she can retain or destroy at will." The notorious educator, Robin of Cempuis, declared, with so much delicacy and feeling, in the paper *La Regeneration,* "A fetus is only a part of a woman's body, of which she can dispose as she wishes, as with her hair, her nails,

her excrement; only the tyranny of ignorant and mischievous directors can decide otherwise."

It would not be difficult to find in the literature of the day coming from certain sources expressions just as inelegant and just as brutal. Some doctors have reached the same conclusions though couched in more moderate language. According to Doctor Toulouse, when a woman permits abortion, "what she destroys is part of herself." Again, according to Professor Fochier, "The little being is only a possibility." He would not hesitate to sacrifice this possible being to save the mother in the full enjoyment of life.

CHAPTER III

CLEARING THE GROUND

IS it exact, is it in conformity, not with some 'a priori' theory, but with physiology and an observation that is not governed by preconceived ideas, that the infant forms an integral part of the organism of the mother? Is it a 'pars viscerum matris' as the ancients expressed it, so much so that any action the mother exerts on it should be considered as strictly limited to her own organism, to an 'Eingriff in den eigenen Korper' as certain German jurists say?

No one would dare to deny or to minimize the close dependence of the fetal organism on the maternal organism, and their intimate relations, which are in fact reciprocal. Just as the mother acts on the child, the presence of the child effects on the maternal organism profound changes, not only in the genital organs and the organs associated with them, but in her blood, in her glandular system, in her psychological and pathological reactions (cf. on

this subject the recent interesting labors in biology of Aschner of Vienna). Dr. Desplats remarks with a great deal of acumen, "The fetus is not a simple parasite attached to the mother, and living on her; it is a little guest, who lives in her and with her. It not only receives from her the materials necessary for development, which she has an obligation to secure from without and accommodate to its needs, but it supplies to her special stimulants which will arouse in her dormant activities and which will contribute to her physical perfection and her moral completion." The presence of the infant mobilizes and excites latent forces in the maternal organism and provokes in it a stimulation and an increase of biological resistance.

Detached from the ovary, making its own way along a passage more or less developed, the little ovule has already definitely broken with the interests of the mother as a whole. It will never again be a part of her. It will either close its precarious existence of isolation in a few days, or it will be fecundated and will adhere to a point on the genital tract, normally to the membrane of the uterus. Here it will increase

and develop into a distinct being; it will build up with the assistance of the maternal 'terrain', the site of nutritive exchanges, the placenta, without ever again borrowing from the mother a single cell. From this time on there is between the two organisms proximity or juxtaposition or contiguity, but never continuity of tissue.

All the tumors and especially the 'polyps' which are appealed to at present, and even the malignant tumors, which perhaps manifest more independence of the organism as they seem to have broken with its interests and to be violently imposed on it, all these tumors to which the fetus is compared, have no independent circulatory system; they borrow and assemble their vessels from the organism on which they are developed; they are infiltrated with its blood and with its lymphs. On the other hand, from the beginning of its life as an embryo[1] even before the principal organs

[1] The youngest human embyros which there has been an opportunity to study, those of Eternod of Geneva and of Ludwig of Basle (Comm. Soc. Helv. Sc. Nat., Sept., 1926), were about 2 mm. in length and were probably about twenty to twenty-two days old. Although none of the organs were as yet sharply differentiated, it appears that they could not be confused with the embryos of other mammals, nor with those of primates; there was definite indication of blood vessels.

are well defined, the child seems to be occupied in organizing its own independent circulation, without ever at any point establishing direct communication between its own vessels however delicate, and those of the mother. It soon has its own blood[2] and will keep it to the end, its own corpuscles, its own cardiac and vascular contractions, its own rhythm of heart beats, which are much more rapid than those of the maternal heart. This 'autochthonous' organism which manifests itself at such an early period, by nourishing itself with liquids, and by its own internal and external motor mechanism, indicates and reveals the previous presence of a principle which organizes and unifies, which pursues its own ends, while drawing its resources from the reserves of the maternal organism.

As a matter of fact, before the organization

[2] The independence of the two blood streams is manifested somewhat by certain pathological conditions where the pathogenous agent cannot overcome the barrier of the placenta to invade the fetal organism. Pernicious anemia, which so profoundly alters the constitution and the microscopic appearance of the elements which make up the blood of the mother, leaves intact the composition and the cells of the blood of the infant (Perrin and Spire, Sang maternel et sang fétal dans un cas d'anémie pernicieuse, XIII Congrés Français de Médicine).

of the blood circulation, from the very time of conception, it is not in exact conformity with the truth to say that in these first stages the little being is only an integral part of the body of the mother. It is something more than that and nobler than that. From the very first hour, the product of conception is not a simple ovum, a cell that is strictly indigenous. It is the human ovum, the fusion of two elements, the paternal which fecundates and the maternal. Although it subsists in a sort of parasitism, or if you prefer, as a guest with regard to the mother, it lives its own life, and acts as if already forming an independent whole, having an individuality which it does not secure from the mother alone.

The paternal principle does not confine itself to giving the initial and effective impulse to the powers of the ovum; it continues its stimulating and directing work up to the final achievement. It is a subject of no little interest to note the minute regulations of the cellular multiplications and the reciprocal increase of tissues, culminating in the partial reproduction of the form and features of the father, and even in the delicate equilibrium of the various muscles. In later years, gestures, attitudes, gaucheries, walk

and tone of voice betray the persistent influence and the unmistakable imprint of the father.

Unless we wish to fall back on the purely superficial observation, which evoked the unpleasant term 'red packet', we are forced to admit that it is not from the moment of birth, from the first infant cry, that the individuality of the child should be dated, but that this individuality, completely hidden from our eyes, though it be, has been already set up from the beginning, and continues to assert itself and to liberate itself during the course of its life in the womb. For several weeks before birth, the infant is viable; if it happens to be expelled accidently it can sustain itself. Even the birth of the child, which some prefer to consider as the beginning of its personal life, is not in fact a complete break from the mother; the little one continues to exercise an influence on the mother. The milk which will nourish it, and the composition of which is progressively modified to be accommodated to the further development of the child, now rises and is elaborated in the mammary glands of the mother.

CHAPTER IV

INDIVIDUALITY AND PERSONALITY

OUR problem is not to establish the conditions of the physical development of the child, but to determine its rights, and to fix the nature and extent of these rights. Since we are in a different sphere, we must clear up these concrete facts by the light of reason. We cannot establish these notions of the moral order, as heretofore, by material and physical observation alone, nor by statistics. Without doubt, statistics, 'post factum', and surely that is the case here, may confirm the social advantages of the observation of the moral law, as e.g. following Le Play, social economy has done with regard to the observance of the commandments, the Sunday rest, etc. Statistics, however, do not create the right and they could easily be employed to approve measures restrictive of all human liberty. Thus it could easily be established by figures that by sacrificing or at least confining under strong guard all who

manifest evil tendencies even before they commit a positive criminal act, social security would be greatly benefited. To what abuses would such preventive measures lead! We must apply ourselves not to assembling statistics but to examining the demands of reason.

Since the fetus is not a fetus simply but a human being, the individuality of the new being lends to this condition a special character. It is no longer just an 'individual'; it is a person, and hence the subject of rights, and the same reason which led us to assert its individuality from the moment of conception induces us to trace its personality also to that first beginning.

As a matter of fact, the development of the new being on emerging from the fecundated mother cell, is gradual and continuous. It is impossible to distinguish in the development by which the organs are shaped and defined [1]

[1] To interpret the successive stages of the evolution of the human ovum as a faithful repetition of the evolution of the species through the ages, as the transformists do, appears, upon reflection, to be a purely arbitrary conclusion. The human embryo is subject from the beginning to conditions and limitations of environment, of nutrition and of development quite different from those of its later extra-uterine life. They are similar to those of a multitude of

the successive stages of a life, at first purely vegetative, then the passage to the animal, and finally to the type strictly human. The process goes on without a halt or break and without a clear line of demarcation. From the very first stage there exists a principle which, without fail, given the proper nourishment, will cause this cellular mass to culminate in a man. This group of cells which will eventually be a human being is not a vegetable or an animal. Whatever the name we give to the principle which directs to the proper end this aggregation of visible elements it cannot be denied a special dignity, by which it manifests itself as superior to other animal or vegetable forces, at least from a given moment.

This internal and vivifying principle, of spiritual essence, will later permit this being to abstract, i.e., to know things such as water, the oak tree, man, the circle, justice, independently of their conditions in time or space, to know them in an immaterial manner. It will place

---

creatures which are inferior in organisation or which are destined to a future quite different. The human embryo adapts itself to these conditions in a manner very similar to other creatures, but at the same time it prepares its organism for the conditions of life in which it will finally be found.

acts of the intellect and the will, and besides will co-ordinate in itself other vital phenomena. It is this intimate principle of the 'ego' by virtue of which the same subject can equally say, "I who think and abstract and deduce, I feel, I see, I walk, I digest." It is this principle of deep-seated and permanent unity which confers on the concrete individual the special character which makes it a person, a spiritual and subsistent being, a conscious being, a free and independent being. At what moment is this principle which we call the soul infused into the rudimentary organism? At what moment does the organism attain to the development necessary to be animated by the soul? We do not know. Some think that its appearance coincides with conception, and this opinion has on its side a number of analogies and probabilities.

It is known that the ancients such as Aristotle were inclined to believe that the child in the first days of its hidden life, while purely vegetative in appearance, was not animated with a spiritual soul, and that this animation did not come until later. They supposed it to come at different times according to the sex of the child, about the fortieth day for boys and the eigh-

tieth for girls. Thus on the faith of these supposed postulates of the natural sciences, the laws of the middle ages sometimes made a difference in the gravity of abortion, according to the different periods of pregnancy, since in the first phases of life in the womb, by these theories, there was no question of the destruction of a fully constituted human being.

In a monograph which appeared at Zurich in 1924, Brupbacher concluded from a study of the nervous system in the embryo, that the organs of consciousness appeared almost formed at the end of the third month of pregnancy, and that at this moment alone, the embryo became a human being, and hence, that abortion took on an illicit character, beginning from the fourth month. Unknown to himself, perhaps, he agreed on this point with the celebrated poet, Dante, who writes in the Twenty-Fifth book of his Purgatory, "Just as soon as in the fetus, the articulation of the brain is perfect, the primal Motor[1] . . . inspires in it a spirit new . . . which what it finds there active, does attract into its substance, and become

[1] God, an Aristotelian expression.

one soul, which lives and feels and on itself revolves." (1,68 sqq.)

May we not discern in these suggestions[1] some endeavor to discover in the organism a definite seat for the soul? A false spiritualism, beginning with Plato, places it in the brain. We know that Descartes believed that he could locate it in the lowly pineal gland. No doubt, the human soul, the intellectual soul, depends for the full exercise of its activity on the normal functioning of the nervous centres, which furnish it with images, and with different sensitive impressions, but in the case of the soul, as with all substances, God excepted, existence does not necessarily imply activity. The human soul can, as St. Thomas thought, demand at first a certain degree of organization in the being which it will inform, but on the other hand, being simple, and not composed of parts, it is not circumscribed or bound to any one organ; though in its functions it is in close relation with the nerve centres, by its essence it is in the whole body.

In a word, we have no decisive argument to determine the moment of animation. How-

[1] We do not speak here of Dante.

ever, if the elements which are progressively and insensibly transformed with a view to their completion in a human being, are not really animated from conception, their destination alone already confers on them a special dignity and an eminent nobility which give to their violent destruction the character of 'anticipated homicide'. Even if some doubt does remain as to whether the germ in its very early days is a human being or not, whenever there is question of deliberately taking the life of a young being by artificial abortion, this doubt concerns a matter so grave that it should unquestionably be decided in favor of the child. Can you imagine a hunter, for example, who is not sure whether what rustles behind a bush is a child or a deer, daring to fire at the object, and claiming in justification his doubt and uncertainty?

The objection that the organism cannot claim the dignity of a person, as long as it has not the exercise of consciousness, cannot stand. It would be necessary to refuse personality and consequently the inalienable and imprescriptible rights attached to it, to the child up to the dawn of reason—of which one could then dispose 'ad nutum' as with an inanimate object, or as

in olden days, with a slave—or even to an adult during sleep, or during periods of syncope, coma or delirium. It would then follow, especially in the case of the child, that there would be doubt as to the moment in which it becomes a person, or absolutely arbitrary rules should be made to determine at what moment personality emerges. The 'ego,' the basis of personality, is anterior to consciousness which perceives it as something distinct from itself. Hence, before it has the full use of the faculties which are as yet only in germ, before it perceives itself, before it is born, the child, not by a fiction, but by the human nature it possesses from the beginning of its distinct existence, is a moral and juridic person, the subject of inalienable and inviolable rights.

The child is a person in itself, from the very fact of its existence, and does not hold these essential rights, which are anterior to the state, and to every political organization, by the will of any parliament or legislation. It would still possess them in their entirety, were the pregnant mother exiled, isolated on a desert island where no constitution had ever been promulgated. The dispositions of positive law may

vary according to the changes in public opinion and the divers factors which create or shape it. These tiny beings have no less a right to existence in the new Soviet rule, because it has pleased the disciples of Lenine to introduce official abortion, than in the rest of the world. At the Grand Council of Basle in 1919, a very slight difference of some votes between the first and second discussions on a projected law, made the balance swing now for and now against the 'Welti' proposition, which took its rise in a communistic and socialistic group, and which would make abortion licit. Can it be admitted that the right to life, an essential and primitive right, should be delivered to the mercy of a wavering majority of deputies who are guided by expediency? The state which did not create the right has the obligation to respect and protect it[1].

[1] Certain penal codes, actual or projected, when treating of abortion, are careful to declare merely that it is not punishable (nicht strafbar), under certain conditions, thus indicating that the State declines to punish it, without pronouncing on the moral or criminal character of the act. There is danger that this subtle distinction escapes the average man, to the detriment of the social order, especially when it is noted that the recent Czecho-Slovakian proposal declares immune from prosecution a woman who submits to abortion because she already has the care of

Thus during its life in the womb and in the obscure beginnings of that life, this being, so little, in spite of its apparent insignificance is something great, out of all proportion to the space which it occupies. It is a person with its own end, and independence. It cannot be reduced to the role of an instrument or a means, as a material object or as a slave, in the spirit of the ancient legislation, for the good or for the advantage or even for the salvation of another.

---

three living children. The State cannot claim to have no interest in practices which are becoming a public menace, nor can it yield one of its major obligations, that of protecting human life in all its stages, particularly when it is most endangered and least capable of defending itself.

CHAPTER V

CONFLICTS IN THE RIGHTS OF PERSONS

WHEN a conflict arises between the rights of the mother and the rights of the child, the rights of two persons clash, and when the right concerned is the right to existence, a right which is certainly elementary and the foundation of all other rights, it follows that the right of one of the two cannot be subordinated as a means to save the life of the other, and sacrificed to the interests or even to the preservation of the other.

When two rights of unequal value are in conflict between two persons, it is natural that the lesser right be renounced before that which is essential on the other side. Thus the right to property of a citizen will evidently yield to the right to life of another citizen; in case of extreme necessity, a man who takes food which does not belong to him to sustain his life, is not culpable morally. According to the view

of judicious moralists, he is not bound later to restore the value, since in case of extreme necessity, material goods become, or more exactly, return to the original state of being in common, thus conforming to their original end of providing for the vital needs of life.

The solution is more difficult when it is a question of rights of equal dignity, such as the right to life. When the threat is due to the unjust aggression of one of the parties in the case, there is little difficulty; the aggressor by his own act, places himself outside the law. In this case, the person who suffers the aggression —dealing only with a private person defending his own interests and not having the responsibility of the common good, and not having received a legitimate delegation to safeguard the common good, as a soldier in a just war—can without question defend himself in a sufficient manner, even if this defence should entail the death of the aggressor. Strictly speaking, however, if he has not the intention of defending himself against an unjust aggressor, he cannot, according to St. Thomas (II,11,64,7) have the direct intention of taking life to defend himself.

If the clash arises from circumstances which are external, which are independent entirely of the will of the parties, is one of the two justified in asserting his personal right by violence? In a fire, for example, can the strongest and the most active clear a path for himself by knocking down or pushing into the fire the weaker ones who obstruct his escape? In a shipwreck, has the stronger man the right to take away from the weaker the one life buoy which is not sufficient to sustain both? We must, of course, in these dramatic cases take cognisance of the stress of circumstances, and the consequent blindness which obscure the clear vision of rights and in large measure reduce responsibility. To have the proper elements to compare with conflicts in the obstetrical order, we should suppose that, like a doctor, a third person, in a safe position, makes a choice between the victims, not confining himself to aiding those who have the best chance to escape, but at the same time pushing the others into the waves or the flames.

If shipwrecked persons marooned on a raft have not sufficient food, can it be admitted that they are bound only by the pitiless struggle for

existence, that their essential rights are suppressed, that it is lawful for them to kill each other and secure by violence the survival of the strongest?

These cases are not in the realm of imagination alone. About 1884, the court of Falmouth was compelled to judge and actually condemned to death two English sailors. After remaining in a boat seventeen days without food, and five days without water, they considered that their lives as fathers of families were more precious than that of the cabin boy who was seventeen or eighteen years old, and hence put him to death in order not to die of hunger themselves.

Jurists steeped in Darwinian theories see in these situations, happily very exceptional, simply the return of the so-called primitive animal ferocity of the ape, and the eternal struggle for existence. On the other hand, a healthy conception of reciprocal rights, compels a man to submit to death, rather than to take the life of an innocent person directly. Moreover, a lofty doctrine, if not a strict law, supposes that in these tragic conflicts of rights, the stronger should renounce his necessity in favor of the weaker.

This conception has received consecration by numerous incidents which are very touching. Thirty years ago at the fire in the Charity Bazaar at Paris, one of the ladies of the organization, the Duchess d'Alençon, mother of the Duc de Vendôme, was offered the opportunity to escape from the flames, but generously refused to leave before the 'guests.' Her charred body was not identified until the next day. Other ladies, high in the social or financial scale, imitated her heroic sacrifice. We remember the tragic and glorious shipwreck of the Titanic in the Atlantic Ocean. The life boats which were insufficient, were reserved for the women and children and the weaker ones generally. Strong and influential men, who were not accustomed to account themselves as of no value, yielded their places to poor immigrants. When the news of these heroic deeds was flashed across the world, a wave of pride swept from one hemisphere to the other. This approbation of the universal conscience is surely a more authentic reflection of the true human heart on its better side, than all the 'a priori' reasoning of jurists or university professors.

In our own country, an Alpine land, the

celebrated case of conscience of the 'cut cord' furnishes the subject of popular dramas that are very touching, and sometimes presents itself in a concrete case. In order to save himself or a party of excursionists in imminent danger, has a man the right to cut the rope which holds one of the members of the roped party over an abyss? Several years ago, in the massive peaks of the Grand Paradis, one of my esteemed friends was literally suspended in space and continued in this frightful situation for more than an hour, without anxiety. He relied on the principle of solidarity which united him with his companions. He had no suspicion of the painful discussion which his plight was causing. The native guides, perhaps inexperienced, were insisting on cutting the rope, as the only means of saving from the extremely perilous situation the other members of the party who were tied to the same rope on the other side of the icy ridge. Fortunately the principle of solidarity which, in virtue of a tacit convention, unites irrevocably even to the acceptance of death, all the members of a 'cordée' of Alpine climbers, was considered by our compatriots as a duty which admitted no question.

Their united efforts, stubbornly continued, finally preserved the life of a model citizen and father.

Does not this case resemble a goodly number of those which occur in medical practice? Oftentimes the determination to save the child will in the end save both lives. The parents may demand to have a living child; they may be already old or have lost hope of other children. The doctor applies himself tenaciously to try everything to assure the survival of the little one, and secure it without harm to the mother. A selection, an unevenness of application and of perseverance, when it is a question of essential rights such as the right to life, implies an injustice to children of a less favored condition in life, who have not the privilege of the right of age, by which they are more anxiously desired. Do not all children merit equal care and equal effort? Have they not rights to life that are strictly equal and independent of all questions of expediency?

CHAPTER VI

RELATIVE INFREQUENCY OF ACUTE CONFLICTS

THE determination to respect at any cost the right to life offers some happy surprises. Recently a woman had submitted to an artificial enlargement of the pelvis. She made no progress in labor for many long hours. As the father and mother were no longer young, and were very anxious to have the child live, the doctors decided to spare no means to secure them this blessing. Meanwhile the fetal heart beats which previously were clearly discernible ceased for more than two hours, and could not be distinguished by the sharpest ears. It seemed that expectant treatment was being prolonged to no purpose. The specialist who presided at the delivery and who was personally very anxious to do no harm to the fruit of conception, was about to proceed, with a safe conscience, to crush the head of the child, which he considered dead beyond all question. At the

suggestion of an assistant to try the forceps again, he laid aside his instrument and had the happy surprise of bringing to the light of day a child that was alive and perfectly formed.

In another case, a woman who had never brought a pregnancy to term was sent by her doctor at the beginning of pregnancy to a university clinic with a high reputation. She was made the subject of clinical discussions, and underwent the most minute and rigid measurements. She was sent away with the pressing recommendation to present herself at a set date for artificial premature delivery, the only means they said, to have a living child. Her doctor, who had heard no more of her and believed her delivered, was suddenly and urgently summoned late at night. The patient had failed to appear at the clinic, was now at term and in the throes of labor. Our confrere was very embarrassed but could see no escape from the situation, since highly qualified experts had declared delivery by natural means impossible. Before meeting the difficulty, he attempted to gain time. He replied that he would go to the patient by the first train in the morning. On his arrival at the village he was pleasantly sur-

prised to hear that the delivery had been accomplished spontaneously and that the child was doing very well.

One of the first years of my medical practice, I was consulted by a woman whose bony structure evidently left much to be desired. By reason of the very faulty construction of the pelvis, she had already undergone several embryotomies in a university clinic. She was pregnant again and had received the same advice as on former occasions. She was now better informed on the moral side of this repeated sacrifice of children, and resolved to place herself in the hands of Providence, accepting death, if necessary, according to the antagonism then admitted, to avoid the sacrifice of the little one she carried in her womb. I learned that contrary to the predictions and the warnings of obstetricians she was delivered at term and spontaneously, and only lately I met her son, now grown up, of whom she is justly proud.

In a very happy and united household temporarily established in a great university city, a young wife commenced to decline at the beginning of her first pregnancy. The doctor

who was consulted formally declared that an artificial delivery alone could save her and without much trouble convinced the husband of the absolute necessity of this intervention. Though they urged her to submit, the wife hesitated. Her conscience balked at this cold-blooded solution. Separated from her family, and feeling the need of a moral support in her strange surroundings, she decided to write to the bishop and ask him to come and advise her. The bishop answered her appeal. A heated argument began between the interpreter of the moral law, himself touched by the tragic circumstances, and the husband, who violently inveighed against the cruel teaching which claimed he was obliged to sacrifice his beloved wife and her earthly happiness to save a little unknown being, or even merely to prolong its precarious existence. In spite of the revolt of the conjugal sentiment, which is easily understood, stern duty prevailed. Contrary to expectations, the child was born at term and is now a bright, charming boy, the pride and joy of his parents.

Every practitioner, with any experience, and even those who like myself are only indirectly

occupied with obstetrics, can cite examples of favorable solutions of cases which at first are considered hopeless, either by themselves or by reliable authorities. When we look back twenty-five or thirty years, to the time when the cranioclast flourished—one of the first instruments the young doctor purchased—we can well say that a great many infants were sacrificed at term, who could have been born spontaneously or with instruments, without injury to the mother. The more knowledge and skill the doctor has the more rarely will the sacrifice of the child appear to him as the only alternative, from the medical point of view.

CHAPTER VII

THE GENERAL RULE

RARE or rather exceptional as the cases are in reality, where the dread alternative is presented between the preservation of the life of the mother or that of the child, if only one case had ever occurred, it would be advisable to define just what the moral law demands on such an occasion.

Those who devote themselves to obstetrics must meet and analyze material and organic conditions, the different results of normal or pathological development, the multiple resources of therapeutics, and their respective chances of success. In such a serious matter as this they should, in order to act lawfully, follow even unconsciously a moral conception of man and the world, and make for themselves a rule of what is just and what is unjust. Though keeping themselves from all doctrinal preoccupations, and determined to be simply and resolutely opportunists, they unfortunately

have adopted by their negations as well as by their affirmations a point of view and a personal system of ethics.

In the last analysis, the solution of these conflicts cannot be found in medical science alone, but in the science which defines the nature and extent of rights and duties. Moralists who have the difficult but necessary task of fixing the laws which should govern human actions, should hesitate before the questions which occupy us here, and in fact they have hesitated. In the Catholic Church, however, an agreement has been reached on this point, which depends not on ecclesiastical law but on natural law. "It cannot be permitted to kill deliberately by crushing or by decapitation or by violent removal from the maternal organism at a time when it cannot be separated without death, a child certainly living, even to save the mother"; just as inversely, it would be criminal to curtail directly and deliberately even for a few hours, the life of the mother, to insure the existence of the child, though it be the anxiously awaited heir of an empire.

The same truth has been expressed by an obstetrician whom no one would accuse of

clerical views or docility to the teaching of theologians. I speak of Pinard, who writes, "Neither the father nor the mother nor the doctor have the right in any circumstances to take the life of the child in the womb of the mother." The reason of the prohibition is this: it is never permitted to perform an action in itself, evil, such as the destruction of an innocent person would be, even to save the life of a third person, or for the common good. A healthy moral standard cannot admit that the end, the aim in view, justifies the means. This false maxim, wrongly attributed to the Jesuits (which, we may say in passing, they never taught) cannot be admitted as a rule of action, no more than the notorious 'Not kennt, kein Gebot', taken as a general rule, and not in the restricted sense of a subordination, for instance, of the right of property of an individual to the sovereign right to life of another individual. A man cannot lie, or bear false witness, or repudiate his given word, to gain a personal advantage or even to further the common good, nor can he commit an injustice in order to distribute the benefit to the poor or to some good work.

Of two evils, it is said, one must choose the lesser. This is true if the lesser evil implies no action that is evil or criminal, such as the murder of an innocent being. A good end can be pursued only with means that are good or at least indifferent. "Non sunt facienda mala ut eveniant bona."

The child, a human being, a person who has his own and independent end, cannot be subordinated and sacrificed as a means to the needs or even to the vital interests of another person, though this person be the mother.

In the course of supposedly scientific discussions the case of conscience is placed in this form, "What would you do if it were a member of your own family?" Or as a famous Berlin specialist put it, "What would you say if your son-in-law should adopt this point of view when the health and comfort of his wife are at stake?" This is surely selecting a means of not seeing clearly in a matter that is already extremely involved, by introducing as a complication considerations and impulses based on sentiment. The appeal to instincts, primitive or not, cannot afford a sufficient guarantee in determining rights; it is too easy to inject at least

some self-interest. We are not endeavoring to discover what each of us would be capable or not capable of doing in exceptional circumstances, but simply what is the thing that should be done.

What is clearly prohibited is the direct action, the intervention by a destructive act, and not all intervention that is absolutely necessary to the mother, but which by a reaction that is regretted may involve the expulsion of death of the fetus. The taking of medicine with abortion in view, fortunately ineffective as rule, at least, with regard to the child[1], and the method in favor it seems, in America, of the electric bath to secure abortion, are just as criminal as the more aggressive use of the sound or the curette. On the other hand, there should be no hesitation in using a remedy that is strictly demanded by therapeutics, or in undertaking an operation of real necessity for the mother,

[1] Many remedies which are claimed to be abortive are either without effect, or are more harmful to the mother than to the child. It may even happen that they bring on the death of the mother, without insuring the expulsion of the fetus. It is doubtful whether tobacco deserves the reputation it has of inducing abortion, a reputation which in certain countries, we are told, causes girls whose conduct leaves much to be desired to flock to cigarette factories.

even if there be reason to fear that, for example, from the fact of the vicinity of the uterus, the operation will tend to arouse contractions in that organ and hence induce abortion. In this case the intervention is directly and lawfully made for the good of the mother alone, even if a regrettable combination of circumstances entails the premature expulsion of the child, and its death. In the contrary hypothesis, the death of the fetus is first procured, in order to benefit the mother, using the expulsion of the fetus as a means.

Much praise has recently been given to the removal of a pregnant womb, not for an affection of the uterus itself, but because of pulmonary or cardiac affections in the mother, with a view to interrupt the puerperal condition, and to assure to the mother future sterility without disturbing her endocrine equilibrium. Here we find destruction of fetal life directly sought for the advantage of the mother. This operation cannot be justified because of the advantage of following the different phases of gestation by the observation of the fetus thus removed, an advantage which is entirely theo-

2452

retical and based on curiosity alone (Liepmann of Berlin) [1].

The right to life is the same for all human beings, a right equal to the poor and the rich, the strong and the weak, the adult and the child. No one doubts and no one would dare to admit that if by an impossibility, there were no other means for a mother to save her life except by killing her own child and drinking its blood, she would be permitted to do it. Unless we suppose the mother to be an unnatural mother, she herself would revolt at the suggestion. If the decision to sacrifice the child in the womb is so easily made in practice, it is because we are working in the dark. Everyone would feel an instinctive and invincible repugnance at coldly killing an infant already born, even prematurely, the little creature is so appealing in its activity. The same person, however, would not hesitate to crush it and cut it to pieces—living though it be and at term—but unseen, in that dark dwelling where there is no possibility of exciting sympathy or pity. As far as the nature of the action goes, making all

[1] Liepmann, Geburtsvorgang bei exstirpirtem Uterus (Deutsche med. Wochenschr. May 1, 1925).

necessary reservations on the intentions which accompany it, it is nothing short of veiled murder, or as Prof. Prenant puts it, a "little assassination," called little because the victim is tiny, but "rather is it enormous in its premeditation and wilfulness, more odious than any other taking of life, because the victim is struck in the dark, because it utters not one feeble cry, to defend its right to life or to implore mercy."

CHAPTER VIII

OBJECTIONS

THERE is an ingenious objection that the child is in the wrong, that it acts as an unjust aggressor, and should be treated as such, and hence that abortion in these conditions presents itself only as an act of legitimate defense. Oftentimes on the contrary, it is the organism of the mother, the malformation of the pelvis, or her metabolism which are in reality hostile to the normal development and the regular delivery of the child. At all events, there can be no question of fault on one side or the other. If there be a fault, it is rather on the side of the mother, who insisted on marriage, in spite of her defective bony structure or other radical defects.

More serious, or rather more specious, is the objection that the child is of lesser social value. If one allows himself to be guided only by sentiment and impulse, it seems clearly inadmissible to compare the claim to life of the child with the life of the mother. The child is a

weak, puny, dependent being, still unknown and hidden from our eyes, to which no one can yet be attached. The mother is often the useful mother of a family, the centre of a home, who commands the affection of a husband and perhaps several children. We need all the force of reason here to recall that there is no gradation in the right to life; that there are not in this sphere rights of greater importance and rights of lesser importance, according to the persons involved.

When we examine the question more closely, who knows what the child will be, or what it will mean to the world. History indeed teaches us that it would be presumption to estimate and to appraise in advance the respective social value of the mother and the child. Was there any comparison between the noble matron, Aurelia Julia whom all Rome justly esteemed, and an untimely creature that could not even be born as others and that from the abnormal mode of his birth received the name of Cæsar (from cædere, to cut)? Yet later, by his military and political genius, and his literary talent, what a deep and lasting impression he made on the world, in the field of the expansion

of world civilization as well as in that of ideas! Among those whose lives were in jeopardy, since they owned them to the same so-called Cæsarian operation, have there not been many men of worth, of a social value markedly superior to that of the mother? In spite of the death of the mother which was supposed or generally implied in other days, and in spite of the lack of maternal training, this abnormal birth was considered as a favorable augury, as Pliny testifies, "auspicatius enecta matre gignuntur". In fact, we find among them the names of great leaders, such as Scipio Africanus and Manlius, who saved their country or at least served it nobly; of men of action such as St. Raymond Nonnatus (non natus, not born as other men), who initiated a magnificent and world-wide movement of heroic charity to redeem captives; men in a word whose sphere of useful action was not limited to their lives or to their own times. If a study were made of the considerable number of those born before term, it would be easy to cite from it the names of men who have honored humanity by their deeds or writings more than the whole line of their robust ancestors.

No one can determine the social asset that the child represents at the moment of its birth, in conditions unfavorable to life.

How many, for instance, among those who were teachers or prophets or reformers of humanity, among the very ones who would later assure their parents and their families wealth or prominence, were modestly ranged among the number of the latest born of large families? If their birth had exposed the mother to some danger, there would be no hesitation in claiming that the life of a woman, already the mother of several children, was of incomparably more value than that of this late arrival. How the future would have radically changed this scale of values!

We claim that the social value of the mother and that of the child cannot be properly balanced, because we are in total ignorance what the latter will be. Talent and genius are not confined to one family or to one social class. They appear unexpectedly and sporadically, among the lowly and among the wealthy. What a place in universal history the ancient guardians of flocks and the humble shepherds of a nameless valley have gained! This little one

now in the course of development may be a genius who will render to humanity invaluable services. His brilliant mind may open new paths to knowledge, or discover unsuspected methods in industry. He may be the fortunate originator of an effective treatment for one of the plagues which still afflict mankind, a man of energy and virtue, who by his prestige will exercise on his fellow citizens a profound influence for peace and progress; in a word, a man who will be beyond question more useful to the world at large than the mother could have been.

In a celebrated case in 1852, the Academy of Medicine at Paris was officially asked to give its opinion of the legitimacy of a preventive abortion. The woman in the case was a courtesan, apparently prominent, as she had invoked the good offices of a member of this learned society. Fearing childbirth because of a contracted pelvis, she preferred the lesser risk of abortion, which, as the discussion showed, she had already undergone three times, to the danger of an eventual embryotomy at term. The Academy, judging that the question was concerning an accomplished fact, almost unani-

mously approved this conduct, following the style of the times "with the purest intentions," declaring that the doctor "could and should so act" [1]. In our days we would not see in a contracted pelvis the cruel alternative to choose between the life of the mother and that of the child, and we would have fair hopes of saving both. However, over the years and prescinding from the personal prestige which may have influenced the men of that day, we may ask ourselves if the preservation of the mother was in itself or for society more useful than the lives of three beings would have been, which were successively sacrificed.

While one never knows at the moment of birth what the value of the child will be, there are cases where unfortunately we know too well the worth of the mother. There are cases where her death with or without that of the fetus, would, from all the evidence, not only be indifferent, but a positive advantage to the husband, to the other children and to society. Are there not indeed unnatural mothers, vicious, hardened sinners, incorrigible, so shrew-

---

[1] Payen, Déontologie médicale d'apres le droit naturel, Paris, Balliére, 1922.

ish that they make those about them suffer bitterly and continuously, who ruin their homes by their carelessness, by their heedless expenditures, who dishonor their families by their misconduct. The newly born could not be worse, and at least in some respects could easily be better. If we keep to logic, what is to be done, in case of conflict, but to sacrifice, in conformity with the general rule, the one less worthy of consideration to the one more worthy. Evidently there could be no question of causing the death of the mother to save the child. This would be odious even if the woman were unworthy, but could not a doctor at least be tempted—always following the principle of the greater good—to renounce in these cases the sacrifice of the child and permit the mother to die without efforts to save her? Should the doctor dispose at his whim, by action or omission, of the life and death of mothers? Should it be admitted that he possesses an equal power, a discretionary power, so strange and so formidable, to judge as a sovereign which social benefit he shall spare and which he shall sacrifice?

The objection can be made that while the

doctor may resign himself to allow the mother to die rather than sacrifice the child, the death of the mother will not assure and does not always assure the life of the child. In other days the relentless conflict between the two lives at the moment of delivery resulted generally from a contracted pelvis. The present methods of enlarging the pelvis were not available, and the Cæsarian on a living woman exposed her to too many dangers and was not within the range of most practitioners. When the spontaneous death of the child did not intervene, and take away all scruples regarding mutilating operations, it was not possible to save the child except by the Cæsarian on the dead mother. This operation could be undertaken by the most inexperienced doctor; it was often successfully performed by midwives, by undergraduate assistants, and even by clerics. (It is now forbidden to clerics.) Today when we have technical methods which permit us to save both lives more frequently, we should not forget that in the majority of cases in which it may be decided that abortion is indicated, the life of the mother does not certainly depend on the

sacrifice of the child, it is not always assured beyond doubt by this sacrifice.

In the comparisons we have proposed—which, like all comparisons, have no claim to be reasons—the life buoy will probably not save the shipwrecked man if he is alone in the middle of the ocean, the raft on which it is decided to sacrifice one or more occupants will not necessarily arrive in a safe harbor, the man who seeks to escape from a burning house by thrusting aside the others, risks having burns if not deep enough at least extended enough [1] to bring on death within a few days or even within a few hours. In these cases, as in obstetrics, the problem is stated in general terms: it is forbidden to take a human life deliberately, whether that life is already threatened or in peril or even despaired of. In a word, no human life should be violently taken, since the life of every man has an equal dignity, if not the same individual social value.

[1] It is common knowledge that in case of burns, the danger of death depends more on the extent of surface involved, than on the depth of the burn.

CHAPTER IX

MUTUAL SUBORDINATIONS

THE laws of instinct should not be blindly transferred to human activities to serve as a moral law. However, if like Aristotle, we question nature to seek a guide or an indication, we find that in human nature the interests of the mother are subordinated to those of the child. If we consider all the economy, all the physiology of gestation, it is manifest that everything is arranged there in the interests of the child. In the human race, it is this instinct that the mother obeys when she hovers over the cradle of her sick child, wishing to suffer and even to die herself in its place. Examples are abundant in the whole animal kingdom. The mother is held by solicitude for the life she has communicated; she forgets her dearest concerns, even regard for her own life. She steels herself to meet with reckless daring any danger which threatens her little ones. She faces with the greatest energy and tenacity the

perils of amazing journeys to secure them favorable conditions in which to be reared. If observation in the natural order can suggest which of the two it is more expedient to save, in case of a conflict, we learn there that concern for the future is more emphasized than concern for the present. What then in rigorous logic should the positivists conclude who regard only the postulates of experience and claim that all moral laws, according to Berthelot, are based solely on natural laws demonstrated 'a posteriori'. We must be careful not to draw from these remarks a rule of conduct. To repeat: in this matter a subordination of rights, even in the sense which nature seems to indicate, would be intolerable, since it is a question of persons, in whom we must admit an absolute equality in essential rights.

CHAPTER X

THE STRONG AND THE WEAK

THE question of the more useful or the stronger can have no place here. Of course, the school of Nietzsche would not hesitate to claim and it does calmly claim the sacrifice of the weak to the strong. This is indeed a very simple moral standard. It is glibly attributed to the caveman, though perhaps it is a gratuitous calumny on our distant ancestor. The old Roman code, which, with the horrors of slavery, granted to the father the right of life and death over his children, and the privilege of exposing the newly born, Sparta where the weak and the unwanted children were thrown into the Taygetus, almost all antiquity would have judged thus. Reversions to paganism at different times have arrived at the same conclusions. There is, for example, the story of a certain potentate of the Renaissance who believed himself so indispensable to the

people that he drew new vitality from the blood of young and obscure victims.

From the time that 'a great pity passed over the world', from the time that Christianity restored a sovereign dignity to the most miserable of men, natural rights became first better defined and then asserted with an especial vigor. Indeed the roles are quite reversed. The weak precisely by reason of their weakness, have acquired the right to more respect and to a special regard, and the powerful have learned that, from the fact of the dignity of personality, which grants them the disposition of their actions, and up to a certain point, of their lives, they can, by an act of supreme liberty, renounce an integral portion of their rights and in case of conflict, sacrifice themselves in favor of the weak, for love, that is, for a motive superior to themselves. We have seen the strong and powerful yield to the weak the last means of safety in a shipwreck. The mountain guide, the head of a family, because it is his duty as a guide—as it is that of a mother to be a mother —does not hesitate to expose himself to death, in an attempt to save a foolhardy celibate, suspended over a perilous crevasse, who may

be even already dead. On the other hand, the good swimmer who refuses to leap into the water, on the pretext that his life is more precious than that of the poor creature who is drowning, would be justly scorned as a coward.

It is one of the glories and one of the noblest traditions of our medical profession that we are governed by no acceptation of persons or by no social conditions in the exercise of our duties; that we seek to save the lowly as well as the mighty; that we expose, if need be, our own lives, disregarding every selfish interest, for the most abandoned of our patients. In the days when diphtheria was a disease still to be dreaded, or when other highly contagious diseases were rampant, how many doctors fell victims to the care they lavished on humble patients in hospitals? They were seeking no opportunity for fame nor for immortalizing their names by sensational discoveries. They were merely bringing immediate aid to some unknown, from some humble dwelling, perhaps with little chance of life. Without hesitation the young interne, the hope of his family, on whom the future and its glory were smiling, after great sacrifices of time and of energy

and of money, or the practitioner, the support of his family, or the renowned professor, exposed themselves and often sacrificed their lives, in an attempt to save the lives committed to their care. Some, perhaps, have done somewhat more than their strict duty required, for example, by inhaling membranes, tainted with diphtheria, but generally, it was in doing simply and solely their duty that many met their death.

Who would dare to judge unreasonable this sacrifice to a great ideal, this noble conception of duty as a standard of action? If occasionally a mother, in circumstances that are quite exceptional, cannot preserve her life without consenting to the sacrifice, not of a stranger, but of the fruit of her womb, is it too much to ask that she renounce a life that she cannot preserve without allowing her own child to be sacrificed? Is not the glory of motherhood one of the purest glories of the human race? During the great war many a father of a family, rightly concerned and alarmed, not only for the material future but for the formation and education of his children, found it necessary from a sense of patriotism and under pain of incurring public contempt, to crush these pressing

considerations and meet death. Is the honor of being a mother not worthy of similar sacrifices, and like all great causes, does it not deserve the homage of supreme renunciations?

CHAPTER XI

THE CONSCIENCE OF THE DOCTOR AND THE LAW

THIS is indeed a stern doctrine, but stern also is the moral law when not enfeebled and contracted and minimized and reduced to the low level of a calculating opportunism. The moral law does not excuse from obligations that demand most painful renunciations. Is not the duty of restoring ill-gotten gains hard for the head of a family, is it not hard to crush down powerful instincts, hard not to yield to an action that is easy but which conscience reproves? The terrible alternative presented to innumerable martyrs through the centuries, 'Adore or die' was also hard, and this often to highly cultured men, to fathers and mothers, the support of the poor and the abandoned, to thinkers and teachers of the people whose death left behind distress and material miseries. They accepted death with horrible tortures rather than fail in their duty. It is the relent-

less character of these demands that lifts mankind above 'the dull conflict of the instincts', above the clash of material interests. A deep popular sentiment expresses it in the maxim, 'Better to die than fail in one's duty.' It is this which exalts to a high plane the ancient poet, who reproves those who, to preserve life at any cost did not hesitate to sacrifice that which gives it its real meaning, its interest, and its nobility, 'et propter vitam, vivendi perdere causas.'

When conscience is called upon to give its verdict in concrete cases, in which private interests and the moral law are extremely involved, a man should not sacrifice his principles to expediency, he should not waver and be influenced by the opportunity, the impressions or the emotions of the moment. He needs a clear vision of the requirements of reason. A doctor, above all others, needs to be more especially enlightened, more accurately informed and more precise in his principles, since he more frequently encounters intricate problems, thorny and tragic situations. The fact that he can support himself firmly on the inviolability of

the life of the child, of the child actually living, is a definite advantage to him.

The moment that the suppression of fetal life is admitted for any reason, as licit, the gravity of the motive depending largely on personal interpretations, the doctor is inadequately protected at the outset against the solicitations to which the interests of his patients expose him, and above all, against the impulses of his own heart, which can be easily understood. Who would not be affected by certain touching scenes, by the distraction, the distress of mind, sometimes the despair manifested before his eyes, and in circumstances that are tragic, when it is revealed that the real cause of the morbid symptoms in a young girl is the condition of pregnancy? The necessity of furnishing the doctor with a solid support is, it seems to me, one of the most powerful considerations militating against the adoption of a statute more or less explicit, which is demanded by some of our confreres, and which would authorize abortion, for a medical reason, though with some reserves. To begin with, it is not in the power of any legislation to make lawful an act that is essentially evil, which the natural law

formally prohibits, to declare that a lie, a calumny, a fraud, or, as in this concrete case, the violent suppression of an innocent human being are not reprehensible.

As the social plague of voluntary abortion is spreading[1], since already some doctors are too 'agreeable', since some, with a callous disregard of conscience, are notorious abortionists, and still are not disturbed or cannot be prosecuted in the courts, even when their maneuvres result in the grave illness or death of the woman, it does not appear opportune

---

[1] Spontaneous abortion is frequently traceable to venereal and other diseases. While syphilis is the cause of many miscarriages it does not bring them on until after the fourth month, according to the latest researches. Slight accidents do not bring on abortion, unless there is a predisposition to it, in the subject. The uterus occasionally shows surprising tolerance to serious injuries, even to some which directly affect it. (Streele reports a case of pregnancy which continued in spite of a stab-wound which perforated the uterus.) Hussy reports the case of a pregnant woman who fell from a third story and fractured her skull, and of another woman thrown out of a car and abandoned for several hours in the snow with a compound fracture of the thigh. In neither case was the pregnancy interrupted. Schaffer reports that in a train wreck several pregnant women were injured in the abdomen, without aborting, while in the train following several impressionable women suffered abortion without having undergone any shock. Thus the psychic element appears more powerful than physical violence.

to introduce a law which will confer a species of immunity on graduate doctors. We should realize that the accessory measures of precaution which require a medical indication are illusory. It is and always will be easy for unscrupulous doctors to hide their lawless doings under the law, and to refer to some vague malady as an excuse. Who can prevent them from calling into consultation indulgent or complaisant doctors? This legal measure would leave conscientious doctors defenseless. It is difficult and painful enough now for one who still believes in the criminal character of abortion to resist the pressing and clever appeals of interested ones and their families, who are ready to seize on the pretext of morbid symptoms, always easy to discover, and exaggerate their importance, in order to escape dishonor or serious inconvenience.

When the public is persuaded that the doctor is clothed with a legal right, as it were, to commit abortion, that it rests only with himself to interpret with more or less benevolence the question of the utility of intervention, for the health of the mother, he will need a strong will to steel himself against their pathetic ap-

peals, and—let us again emphasize this side of the question—against his own feelings of sympathy. Indeed, a woman who has decided to have an abortion performed will generally conclude by seeking out the doctor most easily influenced, who is ready to agree with her views, and who will avail himself at need of the common excuse, "If I had not done it, someone else would."

Some have pretended to liken abortion to other surgical interventions, taking the position that it is done, as other operations, in the interests of the patient. What distinguishes the cases is this: here there is another life at stake, and this life is deliberately sacrificed by abortive measures.[1]

The jurists and the theorists who endeavor to write into legislation the right of the woman to have an abortion performed, and the public in general, assume too readily that abortion is

[1] It goes without saying that the sacrifice of the child is not less reprehensible when it is secured by a procedure that is more rigorously 'operative' than when the ordinary means are employed. How can this surgeon be justified: while operating recently on a young girl for an ovarian cyst, he was surprised to discover, in the course of the operation, a pregnancy by the side of the cyst. Without even consulting the interested party under the anaesthetic, he calmly proceeded to empty the uterus by the Cæsarian.

a very ordinary operation, which in expert hands involves no danger. No doubt, they are conversant, though imperfectly, with the complications, especially from infection, which threaten women who foolishly give themselves up to ignorant tyros (a mason has been known to have done a thriving business in this), to midwives, to innumerable professionals, who have been called with too much charity 'hyenas of the womb', and who on the last pages of newspapers offer their good offices to 'delay the monthlies.'

They do not suspect the variety of ill-usage undergone,[2] the number of lesions, sometimes appalling, the grave and even fatal hemorrhages, the distant lesions, such as pulmonary or cerebral embolisms (Burgerhout), and the still more frequent infectious complications, including infections we hardly consider in these regions, such as tetanus (v.com. Auvray March 8, 1926) and gaseous gangrene (Strassmann, Berlin, Zbl.f.Gyn.1926, No. 22). How many deaths are differently explained to relatives the true causes of which doctors do not dare to

[2] Serious tears, even of the transverse colon, with epiploon; cf. Société de gynécol. de Berlin, July 9, 1926.

publish because of professional discretion! Some of these disasters are attributable to an ignorance of anatomy, and a neglect of the elementary precautions of asepsis. Even in professional hands, many grave complications are observed, to which Schubiger and his master Wyder have lately drawn attention.

In his report to the Congress of Gynecologists at Innsbruck in 1922, Franck, in a series of eighty accidental perforations of the uterus on the occasion of abortion, ascribed fifty-eight of them to doctors. In thirty-nine others, of which eleven barely escaped death, Wolbank in 1921 counted twenty-nine for which doctors were responsible. I believe that every surgeon or gynecologist after a certain number of years in practice, can vouch for the lamentable and disturbing results, though rare, of abortions practiced by his confreres. Medical literature lays at the door of practitioners and sometimes those with some experience, multiple lesions of the uterus and its surroundings, even lesions that appear improbable, such as the total separation of the uterus (cf. Schweiz. med. Wochenschrift, Jan. 11, 1923), sections or large tears in the intestines, lesions of the bladder, of

the ureter, the kidneys, and even of the spleen (cf. Wyder). The right granted to every doctor with a diploma to induce an abortion on medical indications would certainly multiply these disgraceful results, and at any rate, would not guarantee an absolute security to the woman, who, by this legislation, is supposed to be freed from the inconveniences of pregnancy and the lack of skill in unlicensed abortionists.

Even specialists who have the advantage of a wider knowledge, a better technique and a professional training which cannot be at the disposal of most doctors, have occasionally been surprised to observe sudden and unexpected deaths from 'shock'[1] from gaseous embolism, pulmonary embolism, acute septicemia or even uterine perforations, in the course of or after such interventions which they consider trivial. As a rule, these complications are not followed by grave consequences, if taken in time. Still, even in a hospital and in expert hands, abortion is accompanied with some risks. It is true that

[1] Nippe of Koenigsberg (D, Zeitsch. f. gericht. Med. M. 6 H 4, 1924) draws attention to mysterious cases of sudden death by abortion in which the autopsy revealed no lesion.

other operations record sad consequences, but at least it cannot be said that they employed the suppression of fetal life as a means.

The immediate consequences of abortion from various acute complications are quite formidable. Vollmann,[2] in fact, admits for them a total mortality seven times greater than that of deliveries at term. From the point of view of one alone of the most frequent complications, puerperal fever, there were in Berlin in three years (1922-1924) 1348 deaths after abortion, against 312 after births at term. To make the record of abortive procedure complete, we must take account of the permanent consequences, particularly in the uterus and its surroundings, which may follow the most carefully conducted operation for extraction. The artificial interruption of pregnancy in the first three months disturbs the monthly rhythm, and the functional relations between the uterus and the ovaries and often entails sterility later or repeated abortions. It also gives rise at greater or less intervals to various complications in later deliveries, such as adherence of the pla-

[2] Vollmann (Berlin). Die Fruchtabtreibung als Volkskrankheit (Leipzig, 1925).

centa, placenta prævia, hemorrhages and insufficient labor which compel an active intervention.[3] The disturbing frequency of extra-uterine pregnancy (tubal), surely a serious complication, has been noted lately in Russia, where abortion has been legalized and has increased to a great extent. It has been observed in women who have submitted to abortion and who have escaped the immediate consequences of this operation, thanks to the observation of aseptic methods (Parsamov, The Question of the Etiology of Extra-uterine Pregnancy, Vratchenoie Delo, No. 7, 1925).[1] The experience of an unprecedented scale gained in the Soviet Republic has in store for us other surprising features.

In that country, owing to the fecundity of the Slavic races, these innovations will develop their social injury less rapidly than in our western countries. Still their dangers have alarmed the ruling powers. Special commissions have

---

[3] cf. Klein, Einfluss vorhergegangener Aborte auf den Verlauf der Geburt (Munch. med. Woch. no. 9, 1927). The author compares 938 deliveries without previous abortion with 593 in which interruption of pregnancy had been artificially induced in the past.

[1] Cited by the Presse Médicale, Jan. 9, 1926.

already been deputed to explain to interested parties the danger which abortion involves, the harmful influence it may have on health, and the injury it works on the republic of the Soviets (Gens, Was lehrt die Freigabe der Abtreibung in Soviet Russland, 1926).

Once the legality of abortion for any graduate doctor is admitted, it will not be possible to assert the criminal character of this act, for the sole reason that it is performed by unauthorized persons. These abortions can then only be considered as ordinary cases of the illicit practice of medicine, an industry which, as everyone knows, is flourishing everywhere, even where qualified doctors are numerous, but which is especially dangerous when exercised in this field.

The experience in Russia where in spite of the ease, the freedom and the protection accorded to abortion in hospitals and approved clinics (decrees of 1920 and 1924 restrain the absolute lawfulness proclaimed by the Bolshevik program of 1919) illegal abortions by unlicensed persons, in country districts especially, and in spite of penalties, have multiplied in great proportions (66,000 against 55,000 offi-

cial, according to Gens, just cited),[2] and inspire grave doubts as to the efficacy of the legal measures proposed. A number of women will pay with their health and with their lives, for legislative experiments based mainly on theory, which claim to protect them, to help them and to liberate them.

Experience has shown how dangerous it is from the social point of view, to make a breech in the doctrine of the inviolable right of the child to life. The breech will surely become larger. The impressive case of the desperate antagonism between two lives gradually admits further concessions and the admission of all sorts of medical indications, more or less defined. Once these are admitted, various and pressing motives of the social, moral, eugenic, or economic order cannot positively be excluded. It is easy to forsee the abuses that would follow this submission and the dangers that would result to the social order.

On the other hand, in the problem which

[2] Statistics embracing 618 Russian districts report 10,678 illegal abortions in 1922, 14,296 in 1923, 16,712 in 1924. In this same year, 1924, at Leningrad, out of 100 abortions legally authorised, 72 claimed and with success, as a motive, the insufficiency of means of living (in the communist paradise), while only 17 appealed to pathological conditions.

concerns us, if the rule which imposes an absolute respect for the consequences of the generative act, and which prohibits not only the interruption of pregnancy but contraceptive practices, if this rule appears to some too rigorous, it implies on closer examination an admirable respect for life even in its most remote beginnings.

CHAPTER XII

LESS ACUTE CONFLICTS

HITHERTO we have considered the extreme case and the extremely rare case of the antagonism between two lives for which there is no solution. The conclusions at which we arrived will facilitate the solution of less dramatic cases. If the voluntary sacrifice of the living child is not justified even to save the life of the mother, for a better reason it cannot be allowed when a lesser peril threatens, or when it is a question only of illness, however prolonged.

The cases which the medical conscience has to solve are very varied. Oftentimes if not always, the danger incurred by the mother is less urgent or less definite than in the cases supposed up to this point. Then again, certain symptoms allow us to conclude that the life of the embryo is uncertain or that it is already very probably dead. It is necessary in each case to weigh the relative importance of the

different conditions present, with the consideration that as long as the death of the fetus is doubtful, it should receive the benefit of the doubt.[1]

In the case of rupture in extra-uterine pregnancy, such as ordinarily occurs, with the flooding of the peritoneum with blood, and a state of extreme anemia, which demand an immediate intervention, the embryo is generally dead at the moment of the operation and oftentimes cannot be found. Less violent ruptures are also noted. In exceptional cases the ovum may attach itself at another point and continue its development there. This fortunate attachment is very rare and is seldom attended with final success.

A difficult question of conscience arises from tubal pregnancy, the most common form, de-

[1] The juridic notion of doubt has found a curious application. The adage 'in dubio pro reo' has been appealed to in this sense; in the case of an illegitimate pregnancy, since the life of the child is still doubtful, one is justified in availing himself of this doubt to escape the consequences of his initial fault, by emptying the uterus. This juridic formula which is inspired with the praiseworthy desire to avoid all error in judgment and not to aggravate the crime that has been committed by a possible injustice, can evidently not be employed to grant to a guilty man, because he is guilty, the privilege of committing an act which in others would be severely apprehended.

veloped in the fallopian tube (from the Latin 'tuba'), or in a general way from ectopic pregnancy, developed in any part of the abdomen outside the uterus. What should be done before the rupture, when the fetus is not yet viable and when the extraction would involve its death? Today no one would venture to defend the antiquated methods of other days which are now discredited and almost unknown to the present medical generation. They endeavored to save the life of the mother by interrupting the condition of pregnancy, killing the fetus by electricity or by the injection of toxic liquids.

The only method of operative intervention admitted in our days does not, strictly speaking, aim at deliberately sacrificing the life of the child, for the advantage of the mother. It is more exact to say that it aims to extract from the organism the abnormal enclosure of the ovum, which by reason of its fragility may at any time rupture and thus cause sure death. Hence it constitutes a permanent menace to the child as well as to the mother. The extraction will entail as a consequence the death of the ovum which it encloses. It is not this death,

however, which is sought; if circumstances permitted, it would be attached to another part of the maternal organism where it could with out danger to itself continue its development regularly. What one wishes to remove is the sac which contains it, and unfortunately in the present state of technique one cannot be removed without the other.

It must be admitted that this fetal sac has a character that is abnormal and disordered and dangerous to the two organisms. Werth has declared, possibly with some exaggeration, that every extra-uterine pregnancy should be considered and treated as a malignant tumor. It is certain that the fetal sac caused by the presence and the vital needs of the ovum, and especially the villi in the sac which strive to take root in the maternal organism, to provide for the nutrition of the ovum, the chorial villi, have an invading and destructive action which the histologist Cornil believed could be compared to that of a malignant tumor. The chorial villi nibble at and eat away the surrounding tissue and occasionally perforate the tube, where they are generally found, by working from the inside out, or even (one case at

least has been cited recently)[1] by penetrating and tapping in some way from the outside in, when they are attached to it externally instead of being enclosed. They proceed on their way and finally meet blood-vessels into whose walls they burrow in the same manner, and thus are brought on the flooding hemorrhages which are so serious for the mother and still more so for the ovum, hemorrhages which the early operation seeks to prevent.

These grave accidents are not certain, since the ectopic gestation may be interrupted spontaneously—the most usual history—or in exceptional cases may arrive at term. (Orillard gathered 61 of these cases in his thesis in 1899; some others have been published since, as those of Brown).[2] Lecène asserts that there are a hundred observations of extra-uterine pregnancies with the child viable, operated on near term.[3] Werder has collected 148 cases, 3 of them personal. It is on this pathological and

[1] Paul Delmas of Montpellier.

[2] Ectopic Pregnancy with the infant born living at term (The American Journal of Obstetrics and Gynecology, Jan., 1924. Laurentie (June 17, 1926) cites a case where the infant had passed term and was dead.

[3] Lecéne and Leriche, Thérapeutique chirurgicale, 1926 (tome III, p. 586).

abnormal character of the fetal envelope that the partisans of early intervention base their view. Eminent moralists also admit the liceity of the extraction of the fetal sac as a whole, as a diseased organ, since the effect sought, the cure of the mother, does not employ the death of the child as a means.

A similar reasoning, which may seem more subtle, can be applied to the removal of a pregnant uterus attacked by a malignant tumor. We should note in passing that we have in this case today other means of treating the mother effectively, without the destruction of the child. Cancer of the cervix, which is quite rare (eight cases in 15,000 deliveries) and still rarer in certain sections, is practically the only tumor which would justify such an operation. The report of Nabias at the Association of Gynecologists and Obstetricians at Paris, Oct. 1925, concludes with the observation of women cured of cancer by radium. "In the course of gestation, the application of radium through the vagina, if properly applied, does not induce abortion and does not disturb the development of the fetus." Another method quite modern, and equally conservative of the fetus, consists

in removing the child when viable, by the Cæsarian, and after radio-therapeutic treatment, removing the diseased uterus at a later time (Walthard, etc.).

In ectopic gestation, provided the fetal sac by its regular and normal increase testifies to the vitality of the ovum, the surest method of treatment from a moral standpoint which will most successfully reconcile the interests or rather the absolute rights of the mother and the child, is, without doubt, in my opinion, that which is called in surgery for similar situations "armed expectation." You delay until the infant is surely at term, or at least surely viable, before proceeding to extraction through the abdomen, always remaining in readiness to intervene immediately if a premature rupture appears. Thus all scruples are removed on the side of the child, which is then ordinarily detached from its vital connections. The mother is duly instructed in the symptoms which announce the beginning of such a rupture. If she can be kept under observation in a hospital, or in the immediate neighborhood of one, where she is assured of rapid intervention, the risks of the laparotomy which she must undergo

sooner or later would not be appreciably aggravated. In our days, even in country districts, thanks to the ordinary means of rapid transit, a woman instructed in what to do will generally be operated on sooner and in better conditions than a woman surprised by a rupture, where account must be taken of the time lost by the delays before the doctor is summoned, and by the hesitation in his diagnosis.

At term, or near term, the abnormal connections of the placenta, will undoubtedly cause some difficulty in the removal of the child. In the old days there was a maternal mortality for these cases proportionately increased by hemorrhage.[1] Today, with a skilled operator, the method of Potocki deserves high commendation. The vessels of the tube are immediately compressed, in the case of tubal pregnancy, and the loss of blood is reduced to a minimum, probably to less than that in a normal delivery. The placenta and sac are detached or marsupialized, according to the degree of adherences. This method of "armed expectation" [1] according to Professor Vincent of Lyon [2] is the only

[1] In 126 cases gathered by Sittner the maternal mortality was 16% (after Brindeau, Traité, 1914).

[1] In conformity with these principles, we lately deter-

method which is lawful, but ingenious operators will perhaps discover a better one. In certain cases correctly diagnosed from the beginning, a finished technique may some day admit the possibility of grafting or of the intrauterine implantation of the ovum, and its vascular pedicle, combined perhaps with a dilatation of the cavity or a resection of the corner of the uterine musculature, as is now practised with the ovaries.[3]

The obligation of saving by a Cæsarian operation or by induced labor, a living child, in the case of a woman who has just died is unquestioned. There is a chance of useful intervention up to a maximum of twenty-five min-

---

mined to allow to arrive at term, without interference, an extra-uterine pregnancy, which was clearly established and diagnosed from the beginning. Unfortunately the woman withdrew herself from our observation and went to seek advice and assistance elsewhere, where the diagnosis of such a rare condition was considered impossible. Thus the operation, which appeared to us formally indicated was not performed at the time or in the manner we had arranged.

[2] Prof. Eug. Vincent, De la Conduite á tenir, etc., Lyon, 1920.

[3] cf. for example for the implantation of the ovaries, Marion Douglass (Cleveland), Pregnancy after Salpingectomy (Surgery, Gynecology and Obstetrics, Oct., 1926, and Herschau (Breslau) Intrauterine Einpflanzung des Eierstockes mit Erhaltung der Gefasse des Ovariums (Kl. Wochens. 1927 No. 3).

utes after the death of the mother, or even still later in exceptional cases, particularly in case of sudden death.[4] The statistics of Pfall (cited by Rochat) obtained from thirty-one different authors give in these conditions 42.3 per cent of success with living children who continued living.

However, one should hesitate before performing this operation on a dying woman. We have already quoted the strong language of Linzenmeier which was inspired almost exclusively with considerations of a social nature. His conclusion is more restrained: "A living child in the womb of a dying mother has a right to life and should be saved." Care must

[4] What credence can be given to accounts of survival, extraordinarily prolonged, which apparently credible documents relate? The corpse of the mother of St. Raymond Nonnatus lay for three days untouched until a relative less timorous than the others satisfied the desire expressed by the mother, opened her abdomen and extracted still living the child that was the great redeemer of captives. Pauline of Schwarzenbourg, sister-in-law of the Austrian ambassador, met her death in a fire which occurred on the occasion of the marriage celebration of Napoleon, Dec. 10, 1810. On opening the corpse the day after her death a living child was discovered. After a shipwreck which engulfed forty persons in the Sarre (Lorraine) March 27, 1846, a child was found still living in the corpse of a woman taken from the water four days later, the 31st of March (citations from Eschbach, Disputatio III, page 146. Desclée).

be exercised by the choice of the right moment not to do injury to the dying woman. In default of more physiological methods of forced or accelerated labor, the operator should be led to it by the expressed desire of the mother, or he should manifest the signs of immediate danger to the child or should wait, as is natural, for the last sigh of the mother.

CHAPTER XIII

RESPECT FOR THE LIFE OF THE CHILD STIMULATES PROGRESS

IN view of the many cases of possible conflicts it should not be objected that the life of the child imposes restraints, since it demands a rigorous and narrow sphere of action, and that all scientific progress or technical research is thus interdicted. Instead of stifling initiative, these limitations provoke more ingenuity. The principle universally admitted in medicine, 'primum non nocere', may be too rigid, but it has not cramped the marvelous development of the science. Perhaps the possibility of trying experiments on interesting clinical cases, as if they were guinea pigs, has facilitated and hastened some discoveries. To the glory of the medical body and its masters, a mere humane conception has prevailed, without for that reason fettering the onward march of the science.

Once the facility of bringing to an end every

case of eclampsia or pernicious vomiting by the vulgar curettage of the uterus is admitted, it would become the usual expedient, and in reality often does. The care imposed by respect for the life of the child, obliges and incites the doctor in attendance and the medical body in general to a more sustained effort and to more discriminating researches.

It is thanks to this care, more painstaking in some, but in all to some degree, that great progress in therapeutics has been realised, these late years, by which the mother has benefited, as well as the child. It is thanks to this care that a solution is being found for the trying case of the contracted pelvis.

Even before the days of antisepsis, the Cæsarian operation, going straight to the child by the abdominal or uterine route, offered a happy solution to the difficulty resulting from a difference in volume between the infant and the bony passage it must traverse. The fearful maternal mortality which resulted from it at that time, (85% from 1801 to 1867, according to the statistics of Müller) did not permit the maintenance of such a deadly method. The more radical proposal of Porro in 1876, com-

bined the incision of the uterus with its expiration, to avoid the frequent separations from the wall of this organ, and in the first fifteen years had reduced the mortality to 24%. These results were notably improved later by the classic Cæsarian, aseptically performed. Meanwhile artificial premature delivery, by the natural route, made distinct progress. The fact that this last procedure with a maternal mortality of 1% and an infant mortality of 19.8% to 27.3% has been generally given up of late shows the modern tendency towards safer methods.

In the course of the last few years, several methods of artificially enlarging the pelvis have been perfected. We may mention subcutaneous pubiotomy, which is very easy of execution (Nubiole of Barcelona reports thirty-seven pubiotomies, with thirty infants leaving the clinic alive) and which has succeeded the extremely mutilating symphysiotomy which had already dispensed us from premature delivery. The resection of the promontory in the flat pelvis has also given encouraging results in the hands of Rotter, Schmid, and their followers, though the question of the influence

of the callous formation on succeeding deliveries is still open. The methods mentioned and above all a more judicious observation of cases which permit the expectant treatment (84% of the cases of contracted pelvis, according to Adam of Nancy, Oct. 1919) and finally a closer study of the different methods of the Cæsarian (giving e.g. to Rossier, in the last series of cases carefully selected, 100% of cures; to Hussy of Aarau, 100% of cures in 90 cases of contracted pelvis, and to Walthard who operates on all cases indiscriminately, 121 successes in 122 cases, with an infant mortality of only 3.37%) have confirmed the declaration which Pinard had inscribed on the walls of the Beaudalocque hospital "Embryotomy on the living child has had its day". They also confirm the conclusion of the recent treatise of Fedriani on contracted pelvis, "In any case, one should not perform basiotripsy or any other mutilating operation on a fetus that is presumed viable".

An obstacle to delivery different from the disproportion between the infant and the pelvis, i.e. the different tumors of the uterus and its annexes, has likewise benefited from ex-

perience and progress in technique. These tumors, according to Seifart (Geschwülste als Gegurtshindernisse, D. M. W. 1925, no. 18) depend directly on the various methods employed in each case, e.g. the puncture of Douglas, or the Cæsarian (eventually combined with 'Wertheim') and give as a rule a prognosis favorable to the mother and the child. In this field, Herbert K. Spencer, who makes the remark in passing that abdominal tumors even when quite large, are tolerated to a remarkable degree in spite of the condition of pregnancy, concludes that mutilating operations will be indicated only when the fetus is dead.[1]

It is not only in the case of the death of the fetus that the section and violent laceration of the little body called 'embryotomy', which has been so often practised and which while sacrificing the child also gives for the mother a mortality of 7% is admitted today, but also when the infant is found fixed in a transverse position. Version in cases without complications has already reduced the maternal mortality to 0.5% and that of the child to between

[1] Herbert Spencer, Tumors complicating Pregnancy, Labor, and Post-partum (British Med. Journal, Feb. 7, 1920).

9% and 36.8% (instead of 100%). The Cæsarian operation which in our day and land, thanks to the automobile, is at the disposal of every pregnant woman, insures still better results, since Walthard in thirteen cases reports thirteen mothers and twelve children saved, and Hussy in nine cases, nine mothers and nine children saved.

When the placenta, i.e. the organ in which are located the active and necessary exchanges between the maternal and fetal blood, is defectively attached at a point too near the orifice of the uterus, prae-via i.e. on the passage which the fetus must take, or when this organ is prematurely broken off, hemorrhages follow which seriously affect and often quickly threaten the life of the mother. It is interesting to note that the Cæsarian, which has lately enlisted the support of the majority of obstetricians (Opitz, Von Mikulios-Radecki, Cassle, et. and all our Swiss masters), this operation, adopted above all to save the life of the child, is often beneficial at the same time to the mother. In fact Stuckel remarks, in a work that appeared in 1893, that owing to this method, according to the rather extended statistics

of the clinic of Kiel, the mortality of the child fell from 60.6% for children of more than two kilos, and from 95.7% for smaller children, to almost nothing. He adds that the mother also equally benefited from the abandonment of the old methods, which professed to care for her above all, even to the detriment of the child, since the maternal mortality was not more than 3.3% instead of the 11.5% which the old methods gave.

"The Cæsarian," says Brouha of Liege[1] "effectively avoids the effacement and dilatation of the cervix, and constitutes a method which is especially advisable in hemorrhages due to placenta prævia, one superior to the so-called obstetrical methods which sacrificed the child in 30% to 80% of the cases."

---

[1] Brouha of Liége, A propos de l'emploi de la césarienne dans la traitement du placenta praevia (Liége médical, Oct., 1922).

CHAPTER XIV

TOWARD THE SUPPRESSION OF "THERAPEUTIC" ABORTION[1]

SERIOUS hemorrhages occurring from the beginning of pregnancy, can now be successfully treated "to the exclusion of curettage, which has been too often employed" (Dauwe of Anvers) by an elevated position of the pelvis, with injections of physiological saline, and above all by blood transfusion.

During pregnancy it is necessary for the maternal organism to combat the foreign albumins, the salts in particular, by increased activity of the eliminatory and anti-toxin organs, especially the liver and the kidneys. This and the occurrence of placental lipoids, and the disturbance of equilibrium in the endocrin glands, (pituitary and supra-renal) frequently give rise to a whole series of troubles which have

[1] Title of a paper by O. Dauwe in 'La Clinique maternelle,' Oct.-Dec., 1919.

been grouped under the name of toxemias of pregnancy, or intoxications in pregnancy, toxicosis, gestosis, etc. The more serious cases, called eclampsia without convulsions, or atypical toxicosis, are fortunately extremely rare. They are generally so terrible in development that the interruption of pregnancy can be of no use or at least has not been attended with conspicuous success (Hussy of Aarau, Schw. Med. Woch. 1920, p.835). The lighter cases, the edemas, which can be so extended as to reach the upper members and the face, and the albuminuria have been often, one might say commonly, up to recent times falsely attributed to kidney lesions, and interpreted with too much pessimism. They have alarmed many a doctor and have furnished the reason for a very great number of abortions. "In reality", says Hussy (Praxis, June 8, 1925), "these symptoms are so frequent that it would be necessary to sacrifice 50% of the children, without sufficient reason". They yield to regulation of the diet, and especially to a non-protein diet. In a recent work (Die Kunstliche Abort, Stuttgart, 1926) Professor Winter of Koenigsberg, who admits as a directing prin-

ciple 'Keinen abort zu viel, und keinen zu wenig', sees no danger and hence no justification for abortion either in the edemas of pregnancy, whatever their extension, or in the kidney affections, strictly so-called,[2] even when albumen and casts are strongly present, or in the distension of the serous cavities, which according to him are more effectively treated by medication, and finally by tapping.

With regard to ocular troubles in relation to these affections of the kidneys, amaurosis, i.e. total blindness, a symptom of cerebral intoxication, in spite of its alarming character for the patient and her family, is invariably cured in a few days, and leaves no complication in its wake. Wissmann, who has gathered sixty cases in medical literature, remarks that all have been cured at intervals from a few hours to five days. Inflammation of the retina from albuminuria, also very much dreaded until recently, has an equally favorable prognosis, which permits the recovery of normal

[2] The anatomical state of the kidneys in the so-called kidney troubles is not exactly known because, "up to this time," says Hussy (Die Schwangerschaft), "not one of these cases has terminated in death."

vision to be expected and no longer justifies the interruption of pregnancy.

As to the other forms of the toxemias of pregnancy, with liver insufficiency, we should mention the method of our confrere, Doctor Bourcart of Geneva.[1] He assures us that in the most serious cases he re-establishes the liver function and abdominal equilibrium by vibratory massage, so much so that "in these toxemias the question of abortion is no longer considered".

Toxemia may also take on forms more clearly defined, and much feared in other days, in the form of eclampsia and the so-called pernicious vomiting. The convulsive crises of eclampsia, which are justly feared and which constitute a sad privilege of the human race, were considered by Jacquemin in the eighteenth century as a form of epilepsy. Many hypotheses have been advanced to explain their origin. The one most generally accepted and for the longest time, claimed that the eclamptic poison took its rise in the placenta. From this it was only a step to the proposal to eliminate without

[1] Association des gynecologues et obstr. de langue Française, Oct., 1925.

delay the "corpus delicti". Thirty years ago Duhrssen recommended the early evacuation of the uterus and this radical procedure was for many years admitted as an unquestionable rule in Germany, Switzerland, and Anglo-Saxon countries.

The favorable results obtained from these interventions might be attributed (according to Lichtenstein of Leipzig) less to the expulsion of the ovum and its envelop, than to the loss of blood which necessarily accompanied the operation, and which constituted a true therapeutic bleeding. After much argumentation, the case submitted quite recently by Hussy, in the Swiss Congress of Gynecology (Sept. 26, 1926) of an eclampsia which manifested itself immediately after the operative removal of an ectopic of two months, and which was duly examined in a later autopsy, showed first that the extraction of the embryo was not the sovereign remedy, and next that the placenta, which at this early period did not exist, did not play the prominent part which was attributed to it.

Winter remarks that advanced eclampsia rarely leaves to the doctor the responsibility of the initiative in interrupting pregnancy. Most

frequently it induces the uterine contractions itself, while the forms of eclampsia which do not excite the activity of the uterine muscle, present, as we shall see, a favorable prognosis from conservative measures.

The very remarkable decrease in eclamptic cases in the period of food restrictions during war times and after the war (Gessner, Bumm, Rugge II, Von Oettingen, etc.) and their concentration, so to speak, in the social classes which could still afford flesh food, have brought to light in an experience on a large scale, the influence of nourishment and diet on the prevention of convulsive states and their treatment.

We have already seen the surprise caused by the figures of Stroganoff, based on a treatment that is strictly conservative of the child at a time when the classic treatment of this trouble was forced delivery or artificial abortion, i.e. in the majority of cases the sacrifice of the child. The findings of other obstetricians were not as favorable as those of Stroganoff. Still, in two hundred cases of eclampsia treated in hospitals, Eden, in his report before the British Medical Ass. Sept. 30, 1922, gives a mater-

nal mortality for England of 23%, where they have remained interventionists, and of 10.25% for Ireland, where in this regard they are largely conservative. Last year Wilson, in publishing the observations of the Johns Hopkins Hospital in America found for the first series extending from 1894 to 1912, and including cases treated by early and forced evacuation, a maternal mortality of 24.8% which fell to 12.8% in the period from 1912 to 1924, for cases treated by the conservative method. Hinselmann, in his great monograph (1924) in an inquiry into three thousand cases treated by sedative treatment and medication (or Stroganoff-Zweifel) found also that the maternal mortality fell to 10.8%.

Exclusively medical treatment which is relatively simple and effective in the pre-eclamptic stage, (the 'eclampsisme' of Bar and Hunemann) should notably improve these results. The treatment of the advanced stage, even the convulsive stage, embraces essentially sedatives, diet and bleeding which should be copious. Snoo of Rotterdam (1926) advocates a diet from which salt is excluded; Bokelmann,

insulin; Wodon of Brussels[1] following de Lee, etc., sulphate of magnesia, in repeated intramuscular injections, which are simple and painless, and which suppress the convulsions, the edemas, and even the comatose condition which is probably due to cerebral edema.[2]

When the infant is viable, the Caesarian operation, either abdominal or vaginal, which even more than the medical methods safeguards the life of the child, also records for the mother striking successes. (Very rapid and complete recovery of sight, lost by inflammation of the retina, in a case in the D. M. W. 1926, p. 812, Schaaning, etc.). By the use of the Caesarian, Englemann succeeded in reducing the maternal mortality to 7.8% and that of the child to 10%, and Walthard thinks so well of the operative procedure—which we know is more favorable to the child—as the specific treatment for eclampsia, that he has recourse to it even if the infant is not viable

---

1 J. L. Wodon, Le sulfate de magnésie en injections intraveneuses et intramusculaires dans l'éclampsie (Bruxelles médical, Dec. 12, 1926).

2 Sellheim, who considers eclampsia of mammary origin, has recommended and practised the removal of the breasts.

(which we cannot commend) or even if it is dead.

Finally in recent times, blood transfusion has given such favorable results that it justifies our highest hopes. We are thus gradually being released from the idea once prevailing that eclampsia demands abortion without question.

Vomiting may be considered a normal manifestation, especially in the first period of pregnancy, but it may take on an alarming character and become uncontrollable by its persistence, its frequency and its excessive quantity, hence the name 'hyperemesis gravidarum'. Till lately abortion was considered of obligation, in the presence of this condition (a term still employed by Dr. Vidal in a work otherwise sternly opposed to abortion). These occurrences of vomiting embrace a number of unrelated factors. The variety of treatments proposed do not, as in other cases, imply an attitude of helplessness, but show the variety of causes which determine them. The judicious choice of a method to apply to each case is a most arduous problem. In this affection more than in any other a great number of abor-

tions have been performed, often at the insistence of an alarmed family, which today would be considered unjustified. The majority of these cases, even those grave in appearance, and which manifest a marked condition of anemia, are certainly of nervous origin, or to use a common expression, psychological. It is quite exceptional that they do not yield to a change of scene, to isolation, or to purely psychic influences. To guard against saying the word 'vomiting' or 'sickness', Oldfield of Leeds[1] recommends, "I would not be surprised if a goodly number of the remarkable and immediate cures obtained in cases of uncontrollable vomiting by abortion, at the time when this method of treatment flourished, owed their effectiveness to psychic action, the abortion constituting in the circumstances a powerful means of suggestion". In this problem of vomiting, as Winter remarks, it is possible to be deceived more often than we think, by deception and exaggeration and by the ruses of women who wish to be rid of their pregnancy. Other important factors enter into

[1] Carlton Oldfield, The Serious Vomitings of Pregnancy, British Medical Journal, May 20, 1922.

the pathogeny of this affection, sometimes mechanical and reflex, due to an affection of the cervix uteri, which is susceptible to treatment, or to the compression of a retroversion of the uterus, the reduction of which brings on a rapid cessation of vomiting. (Maurice Rivière).[2] More frequently the vomiting is functional or toxemic. A toxic condition of intestinal origin is counteracted by the superpurgation of Bonnaire and high intestinal lavage; gastric intolerance by the administration of light foods in small quantities, and by chloral (Henrotay of Anvers);[3] acidosis by rectal injections of glucose; endocrine disturbances, by opotherapy. We must mention again the injection of the corpus luteum, and the vibratory massage of Bourcart of Geneva, which act on the coeliac plexus. The method of Calamaras of Athens, confirmed by Pigheon, of intravenous injections of uroformin, the insulin treatment (W. Thalhimer[1]) or better, as

[2] Maurice Rivière, Vomissements graves de la grossesse. Gaz. hebdomad. sc. méd. Bordeaux, July 2, 1912.

[3] J. Henrotay, Un nouveau mode de traitement des vomissements incoercibles de la grossesse, Bruxelles médical, May 1, 1922.

[1] W. Thalhimer, Treatment by Insulin of the Toxemic Vomitings of Pregnancy, Journal of the Am. Med. Ass., March 1, 1924.

for eclampsia, the treatment by glucose or glucose combined with insulin (Bockelmann)[2] injections of pilocarpine (E. Levy Solal) etc. show good results in cases which might be considered desperate. Chapron has recently drawn attention[3] to the remarkable effect of cold baths and perhaps injections of air, which in his opinion can be transferred from animal therapeutics to human therapeutics. The chemical industry in Germany has introduced into use 'gravidine', extracted from algae. The success it has had in the vomitings of pregnancy has not been prolonged, we are told, and its efficacy cannot compare with the usual means, separation from the family, isolation, complete rest for the stomach for one or two days, compensated by subcutaneous and rectal injections of liquid food (after Pibran of Giessen).[4]

Winter remarks that a symptom which

---

[2] Communication to the Berlin Society of Gynecologists and Obstetricians, 28, I, 1927.

[3] Chapron, Société de Pathologie comparée, March 9, 1926.

[4] L. Seitz (Frankfort), Behandlund des Schwangerschafterbrechens und der Hyperemesis in Therapie der Gegenwart, 1927, no. 1, insists on the utility of subcutaneous or intravenous injections of salt or sugar solutions.

alarms the family and often the doctor, loss of weight, because of the dehydration of the tissues which follows vomiting, offers no danger in itself, and that loss of weight from twenty to thirty pounds can easily be tolerated. Menge of Heidelberg and Franz of Berlin consistently refuse abortion, as useless in most cases, and ineffective in grave cases.

All varieties of kidney troubles are "very rare in pregnancy" (Hussy). Even serious nephritis and renal tuberculosis demand, according to certain authors, only rest, a milk regime, and sometimes bleeding. According to Israel, renal tuberculosis which is generally progressive, demands not abortion but removal of the diseased kidney when it is unilateral. Hussy, however, holds that true nephritis is an indication of abortion. Winter distinguishes acute nephritis, which even accompanied by hemorrhage, does not appear to him to justify the interruption of pregnancy, from chronic nephritis, in which he has practised abortion in ten out of fifty cases, but in which also he judges that the intervention was really indicated only six times (uremia, cardiac insufficiency, progressive retention, etc.).

On the other hand the affections of the pelvis of the kidney, pyelites or pyelonephritis, are frequent in the course of pregnancy. They are cured as a rule, either spontaneously, or by rest, a semi-recumbent position, diuretics, by vaccinotherapy (of Berne-Lagarde and Vaudescal)[5] by irrigation of the bladder, and lavage of the pelvis of the kidney, and if need be, by nephrotomy. This affection is no longer counted among those which demand an interruption of pregnancy (see the discussion in the 'Vereinwissenschaftlicher Heilkunde, at Koenigsberg, Jan. 1926, etc.).

Diabetes may appear or continue its progress in a pregnant woman, and is always a serious threat to the life of the child. It sometimes creates embarrassment even for the interventionists. The chief danger is coma. This may show itself after spontaneous delivery, but it also appears after abortion has been induced, and induced precisely to remove this danger. We have today in insulin and the special regime which should have its effect, a means of effectually combating the coma, and its premonitory

[5] De Berne-Lagarde and Vaudescal, La Pyélonéphrite puerpérale. L'Hospital, Oct., 1922.

symptoms, as definite observatioin has already established (Kronenberg).[1]

While nervous affections and psychoses are still for some doctors an indication for abortion, their number is very limited. At one of the latest Congresses of Gynecology in Switzerland, Walthard declared, following an inquiry among psychiatrists, that he had found only four cases in fourteen years which justified abortion. Runge, in five thousand births, counted only 0.2 per cent of cases of psychosis of pregnancy, and even these were developed more frequently in the period of the after birth and of lactation than in the strict period of pregnancy, when the problem of artificially terminating pregnancy would arise.

Several gynecologists of German Switzerland and now apparently Walthard himself, wishing to be freed from the responsibility which rests on obstetricians, refer the cases blindly to the opinion of psychiatrists, and are content to follow their decisions. One of them told me he followed this course even when the abortion did not appear to him personally as

[1] Kronenberg, Diabetes in der Schwangerschaft, D. M. W., April 15, 1927.

justified. Another informed me that although he practised therapeutic abortion without any scrupple, he felt obliged to refuse an operation recommended by renowned psychiatrists, and later congratulated himself on the outcome.[2]

It is here more than anywhere else that the personal point of view and pet theories prevail. In one official institution for the insane, they sent quite a number of cases with a recommendation for abortion to the neighboring maternity. When the medical direction of the asylum was changed, the gynecologist was no

[2] A young girl became pregnant by her uncle. Without very much difficulty a psychiatrist discovered an indication for abortion, but the girl would not consent to it. She later contracted marriage, and with the consent of her husband, who had been made acquainted with the circumstances, she kept the child with her. This child later assured the happiness and the moral equilibrium of the new household which to their great regret was deprived of all hope of children. Another young girl became pregnant by a very close relative, and here again, a psychiatrist of renown found an indication for abortion. The girl delayed, the infant became viable and although the alienist maintained his point of view, the obstetrician refused to intervene at such a late date, taking the position that he could not do so without committing infanticide. In all cases where pregnancy supervenes after violence, how can the crime which has been committed be neutralised by an abortion? The guilty party will not be the worse off; on the contrary, he will be freed from the embarrassment of an eventual responsibility and of a somewhat troublesome reminder, and the one sacrificed in every case is the innocent party.

longer, or hardly ever requested to practise abortion. The alienists, evidently influenced by the increasing number of patients who fill the asylums, and by the importance of heredity on degeneracy, would not be inclined to neglect what in their opinion, is a very positive corrective of nature, without which one would despair of the future of the race. We should also recognize the fact that often abortion can promise no appreciable benefit in the incurable state, or will cause but a passing relief in the course of a long and fatal development. There is also the other fact that nothing can furnish ground for presumptions on the later value of the product of conception, and that in spite of all predictions the child may be perfectly normal. The expected child may be a defective; it may later develop the degeneracy of adolescence or of adult age, but it may also turn out to be a normal and useful person and even a genius, a benefactor of mankind. From the social and utilitarian point of view alone it is very difficult to justify abortion in psychosis.

In a paper in the Zeitschrift für Neurologie (Psychosis post abortum artificialem) Edelberg and Galant recount a series of mental ills

which either show themselves or are aggravated after the artificial interruption of pregnancy, and hence they formulate reserved expressions on the supposed benefit of induced abortion in cases of mental disease (D. M. W. Aug. 27, 1926).

The choreas, which according to some authors also indicate the interruption of pregnancy may give rise to some confusion. A case was diagnosed as a psychosis of pregnancy. Two days after the interruption of pregnancy the patient died, and at the autopsy the trouble was discovered to be of infectious origin. In another case of Mello, where chorea persisted in spite of the interruption of pregnancy, it was discovered that the trouble was due to a goitre, and the patient was benefited by parathyroid extract (Zentralblat fur Gyn. 1926, n. 10).

Chorea may be an awakening of the chorea of youth and hence present no danger, or it may constitute an affection peculiar to pregnancy, which in itself still offers no danger. The complications, however, such as the extension of the movements to the muscles of the throat and larynx may give rise to alarm and

to a serious prognosis. In these cases the artificial interruption of pregnancy seems to be only partially effective, since it shows a mortality of 50%, according to Pineles, and according to Schrock, twelve deaths in twenty-eight cases operated on in the second period of pregnancy.

Only one form of skin disease, impetigo herpetiform, can be cited to justify abortion. Authors still continue to propose this radical treatment. The success thus far attained has not justified the procedure (Winter op. cit.).

Anemia is frequent at different stages of pregnancy but it is not considered an indication of abortion. On the other hand, a special form, pernicious anemia, or rather, to be exact "perniciosiforme," according to many authors still justifies the interruption of pregnancy. Since the development of the morbid symptoms is attributed to the presence of the ovum, they propose, in the extraction of the ovum, to employ a treatment which goes to the root of the trouble. As a matter of fact after this procedure is followed, more rapid recovery is shown than in the other forms of pernicious anemia outside of pregnancy. The conditions are indeed very complex. The fact that very often this trouble

appears or at least reaches its climax precisely after delivery or abortion, that frequently it is these post puerperal symptoms that reveal the disease and cause the doctor to be summoned, show sufficiently that the emptying of the uterus is not the sovereign remedy. The most recent tendency is to regard the disease as a sort of torpor of medullary tissue. The success lately attained by blood transfusion in sufficient quantities, in the most serious forms of post partum anemia, leads us to foresee in this method, perhaps combined with insulin, the possibility of an effective treatment for the mother and one which will not injure the child.

For heart affections the adage of Peter has long reigned, "Young woman, no marriage; married woman, no pregnancy." L. M. Pierra, reviewing in the 'Revue Française de gynécologie et obstétrique' (April, 1920) the work of Lienhard,[1] is astonished at the spirit of intervention which has gained ground in Switzerland. "For some time past", he adds, "the French school has revised the law of Peter, which is far too absolute. We have difficulty in conceiving statistics as sombre as those of

[1] A. Lienhard, Affections cardiaques et grossesse.

the Swiss clinics, as they are so different from what we see in our daily practice". Dauwe assures us that complete isolation, prolonged rest and diet are more favorable to these affections than abortion. For heart conditions that are not compensated, where the heart is not adequate to its task, the Caesarian is a valuable aid, as it avoids the strain of normal delivery, which is so trying and so much dreaded by heart patients. In cardiac insufficiency, where the dread complication of pulmonary edema is imminent or already manifest, this operation under local anaesthesia, removes the danger in a remarkable and very rapid manner. ('Schlagartig', says Frey of Zurich, Schw. med. Woch. June 16, 1926).

In the more strictly surgical field, it is observed that fractures are very slow in uniting at times, and that occasionally they fail to unite (pseudoarthroses). This is due to causes and influences that are quite varied, and which a close analysis does not always succeed in determining. It is not surprising to find equal anomalies in fractures occurring during pregnancy, though very rarely.

At the German Congress of Surgery for the

current year (1927) three cases of this kind were published; that of Hintz, where the spontaneous interruption of pregnancy led to no improvement; that of Brandes (of Dortmund) where an induced abortion interfered with the union of an osteotomy or operative fracture; that of Katzenstein of Berlin, where the administration of ovary extract resulted in the rapid cure of a fracture which had shown no tendency to consolidate (Zbl.f.Chir.). This success of a treatment which is altogether benign, which theoretical considerations of pathogeny justify, should warrant its retention. Besides, in a fracture which occurs in a pregnant woman, the time demanded, first to prove the real inability of the bone to unite, then the search for the various and hidden reasons for the non-consolidation common to both sexes, then the elimination of the various treatments proposed which are ineffective, (the pseudoarthroses during pregnancy not deserving the name of pseudo-arthroses of pregnancy); all this period of observation brings the pregnancy to a time so advanced that confirmed interventionists hesitate to interrupt it, either because

of the maturity of the child, or the great risks to the mother.

Dauwe, passing in review the different affections which we have mentioned, confidently concludes that "abortion can be supplanted by abstention in all the maladies in which it has been practised."

CHAPTER XV

TUBERCULOSIS.

IN this sweeping conclusion, Dauwe also includes pulmonary tuberculosis, which deserves a separate place, because of the discussions to which it has given rise, because of its frequency, and particularly because of doubtful cases, since from the social point of view, abortion would entail a notable decrease in births if employed as a general rule in these cases. We have already seen that for a long time in Germany and in Switzerland the most trivial symptoms were interpreted as the beginning of a pulmonary infiltration, and served as excuses for innumerable abortions. We may imagine the surprise which the report of the International Congress of Lausanne aroused among conscientious doctors who felt it a duty to intervene in suspected cases. Bauer of Davos, who believes that reserves should be made on the exaggeration of the report of the Congress, recognizes that it has had at least

this happy effect, that "there is a general withdrawal in medical circles, from the blind application of artificial abortion in all cases of tuberculosis."

Certainly no one would defend now the opinion of Rosière de la Chassagne, who at the end of the eighteenth century claimed that gestation had a favorable influence on phthisis. There are doubtless isolated cases where pregnancy has seemed to have had a beneficial influence in the course of pulmonary disease (Dumarest and Brette, Tecon, etc.), cases where the encroachment of the pregnant uterus on the diaphragm, limiting the expansion of the lungs, has had a beneficial effect, analogous to the pneumothorax (Parisot, Simonin, Vermalin[1]; cases where the state of the mother's health has considerably improved following the integral functioning of the genital apparatus (Coulevaire); more numerous cases where pregnancy marked a period of arrest in the tubercular processes (Sergent). More often it is rather the impression of well-being which

[1] Association des gynécol. et obstétr. de langue française, Paris, Oct., 1925. Id. De la possibilité d'influences mécaniques, favorables de la grossesse sur la tuberculose pulmonaire. Gynécologie et Obstétrique, 1925, no. 5, p. 383.

deceives as to the real condition (Recasens of Madrid), since as Sergent says, tuberculous patients may retain a healthy appearance during gestation only to have their resistance break down later.

As to the attitude to adopt, the consistent interruption of pregnancy, defended at the Congress of Rome in 1886 by Pasquali and Bompiani, found its supposed definitive formula in Marigliano in 1907, "It is necessary to interrupt pregnancy in tuberculosis, when it is clearly diagnosed as such." This diagnosis is not generally very difficult, and yet a specialist in tuberculosis declares that "mistakes regarding tuberculosis are very numerous." The findings of Busse, cited by Hussy, lead to circumspection. The uneasy condition caused by pregnancy may be mistaken for a tuberculous infection. In two women, a grave pulmonary tuberculosis was diagnosed, by very competent specialists; the abortion, considered as necessary, was confided to expert hands; the two women died and at the autopsy no trace of tuberculosis was found. Such cases are evidently very exceptional yet Rist lately claimed that the diagnosis of tuberculosis (pulmonary)

in all countries is based on criteria that are insufficient, and that the proportion of mistakes in diagnosis is becoming very alarming.

When it is a question not only of affirming the existence of tuberculosis but of discerning the form of the pulmonary disease, its probable extent, the individual prognosis, the task becomes more difficult, and yet it is precisely this point that is especially important for those who admit the lawfulness of therapeutic abortion but who aim to justify it on definite grounds. They desire to reserve this intervention to progressive and curable forms, which develop in women pregnant less than three months, since later it involves too many risks for the tuberculous mother (Voron, Report to the Congress of 1923). Pissavy and Lejard (Therapeutic abortion in Tuberculous Patients, Presse med. Nov. 7, 1926) make this statement, "No one informs us how to predict that in a pregnant woman who is tuberculous, the interruption of pregnancy will be favorable, or harmful or without effect. No one can tell us because no one knows." Léon Bernard concludes, "Practically, I do not see in what case of tuberculosis

abortion appears legitimate, scientifically and legally."

In his figures in 1913, Tecon at Leysin noted that therapeutic abortion in tuberculous patients, together with results that were very satisfying or nil had in one-fifth of the cases released an invasion of bacilli that was very serious. Anderodias (Societ. d'obst. Bordeaux, June 1, 1926) Boursier and other authors, likewise cite cases where artificial abortion furnished an added impetus to the progress of the disease. At the Congress of Lausanne in 1924, Rist of Paris, apropos of the indication of induced abortion in tuberculosis, declared, "This indication does not exist. To defend it is a social crime. Not only has it not been proved that the interruption of gestation arrests the development of tuberculosis, but I am convinced that it aggravates the development" (citation in the Paris méd. Oct. 4, 1924). He thus confirms the view of Demarest who writes, "Abortion is always inadmissible. In mild cases, it is useless, even criminal. In grave cases, if intervention does not immediately claim two victims, the mother will scarcely survive the child," for, as he says else-

where, "abortion is generally, in the opinion of all accoucheurs, a disaster for the mother."

This last judgment appears too severe for the majority of cases. Winter cited by Brupbacher (l. c.) reckons in his figures 77.8 per cent of benefit to the mother, after abortion in the first four months, and 37.5 per cent in the last months. It should be noted that these percentages, which are extended to decimal fractions, give to the uninitiated the impression of scientific rigor, and a mathematical exactness which in this field does not correspond with the facts. In the case of pulmonary tuberculosis, a disease which is subject to fluctuations which upset predictions, the knowledge of the cases which the figures represent, the degree of resistance in the subject, the degree of activity of the bacillary lesion, the chances of survival, the basis of these chances, and other elements which combine their influence, is so fine that with the same series of observations one could arrive at very different figures.[1] It is this that

[1]The statistics of Forssner compared tuberculous women who had undergone the test of labor not with healthy women, but with tuberculous women who were not pregnant; hence he concluded that pregnancy did not constitute a real danger. Czackes (Strasbourg medical, Aug. 5, 1926)

explains the apparent differences and even contradictions among specialists of repute.

The attitude of confirmed interventionists, such as Bumm, is more significant. They have lately declared, "Mistakes are too often made on the effects of artificial abortion in pulmonary tuberculosis." To make the tuberculous patient acquire flesh, which will increase the power of resistance, Bumm submits her to hysterectomy (which Rist opposes, since it will upset her equilibrium). Bonnaire adopts a totally different point of view. He rejects induced abortion, but in the case of a tuberculous woman, threatened with death shortly, and near term, he admits premature delivery, to save the child at least, "the less precarious of the two lives."

Here the value of the child acquires a very special importance. A tuberculous woman,

---

compared tuberculous women who had brought their pregnancy to term with those whose pregnancy had been artificially terminated. He found for the latter 17% more surviving after three years and a half. To this Pissavy and Lejard make this rejoinder: "Hence to assure to seventeen mothers a survival of three years and a half, it was necessary to sacrifice one hundred children: the ransom is rather large. It is still larger when we consider that the cases observed by M. Czackes resulted not in cures, but in ameliorations, or in conditions that were stationary."

even in the very hour of death, can give to the world a magnificent child. When it is not born before time, and does not exhibit the malnutrition of these premature children, the child of a tuberculous woman, contrary to the widespread opinion, is not a victim doomed to die in the near future. It is not tuberculous. It is not even predisposed, but on the contrary, it inherits defensive aptitudes, a sort of immunity. If at the outset, it is withdrawn from the infection of its environment (Debré)[2] it can rather be considered, according to Arnoult, Dumarest and Brette as "an agent for the progressive immunization of the race." In this respect, the relative social value of the healthy child, immunized to some extent, and perhaps capable of transmitting to its descendants an increased resistance to the disease, and on the other hand of the sick mother, who may not benefit by the interruption of pregnancy, or will benefit for a short time only, leads one to say that there should be no hesitation between a certain evil (the sacrifice of the child) and a doubtful benefit. In this respect a tuberculous

[2] Debré, Le Nourrisson issu de parents tuberculeux, in Nourrisson, July, 1922.

woman is in contrast with the other cases in which the two values were compared. This, of course, is not a reason to sacrifice either, but to protect the one, while doing everything to benefit the other, the mother, with all the remedies at command.

Moderate interventionists like Bar,[1] admit for certain cases the necessity of abortion, "the cruel resource of expediency, which is imposed on us by the present state of phthisiotherapy," but express the hope that "the progress of therapeutics may cause a still further reduction in the already limited indications for abortion." Another master in phthisiotherapy, Sergent of Paris, adversely affected by the dramatic development of tuberculosis in pregnant women, defends the opportuneness of abortion in certain well-defined cases, in the face of a threat that is sure, though almost imperceptible, and has applied it with success in three cases only in a very large practice. In his more recent publications[2] he recognizes that abortion may give "the stroke of the lash" to the lesion, and

---

1 Bar, Académie de médecine, Dec. 19, 1922.

2 Sergent, Nouvelles études cliniques et radiologiques sur la tuberculose, Paris, 1926.

seeks a means that is less brutal and more effective. He tentatively proposes, with remedies to combat demineralization and supply the kidney insufficiency, the pneumothorax, both bilateral and partial. He especially recommends (Presse med. Nov. 27, 1926) the bilateral pneumothorax, particularly in the hours following delivery. This pneumothorax has also been used with success with pregnant women by Tecon. (Soc. vaud. med. Feb. 14, 1925).

Even on the German side, a strictly conservative attitude is observed in the most recent publications. We have seen Menge of Heidelberg, in a study of phthisiotherapy in pregnant women, which appeared lately (Zbl. f. Gyn. 1926, no. 14) resolutely oppose artificial abortion and find in conservative measures, particularly in the use of the x-ray, the treatment of the future.

In German Switzerland, Bauer, chief at the Turban sanitarium at Davos, declares (Schweiz. med. Woch, Nov. 27, 1926[3]) that

[3] Gross (Leipzig), recounting the impression of the doctors of Davis in the Zbl. fur Gyn. (1927, no. 12), gives the highest praise, in the case of a tuberculous woman who is pregnant, to the treatment in the atmosphere of a sanatorium (Lungentuberculose und Gravidität).

in favorable conditions of hygiene and climate, not only the lighter and more serious forms of pulmonary tuberculosis withstand pregnancy without difficulty, are even benefited and may be cured, but that even in the gravest cases, there is observed an arrest in progress and even a real improvement, in the febrile, exsudative, and even in the destructive forms, when besides constant conservative measures, the artificial pneumothorax is used, or resource is had to the resection of the phrenic nerve.

CHAPTER XVI

THE TESTIMONY OF CLINICAL FACTS

IF all the forms of complications in childbirth are examined, the old imposing list of medical indications for abortion is being gradually narrowed, till it has almost disappeared under the united endeavors for progress in therapeutics. This abandonment of the old interventionist practices is especially striking in the pathological states which a few years ago, constituted for practicing physicians the classic indications for the interruption of pregnancy, and the sacrifice of the child; contracted pelvis, albuminuria, eclampsia, uncontrollable vomiting. This reversal of opinion has not been dictated by doctrinal concerns, and by the speculative demands of the moral law. It has been caused by the objective comparison of the results of different methods, by a closer analysis of facts, and a more judicious use of the varied resources of therapeutics.

Certainly no one can expect to find unanimity in the conclusions of those opposed to intervention. In each affection, differences in treatment are shown according to the customs, the theories and even the temperament of each chief of staff. It is not surprising that obstetricians who for many years have felt that they were fully justified in practicing abortion freely for medical reasons, suddenly repudiate their former attitude completely, though their personal views on the morality of the act have not changed. In each pathological case, they limit the premature extractions to the gravest cases, and particularly to the cases in which several affections are combined, and unite their ill effects (e. g. diabetes and tuberculosis, etc.). Other authorities, such as Menge of Heidelberg, placed at the head of important university institutions, present statistics just as favorable, though they declare themselves resolutely opposed to abortion. If the modern conclusions are compared with the official teaching of the young medical generations of a few years ago, a remarkable reversal of opinion is disclosed, and still continues in a great number of countries.

The manifestation of such a new and striking attitude which takes away from the doctor a large number of difficulties of conscience, gives rise inevitably to another reflection. In the last few decades, though the special laws which protect human life in the period of development had not yet in any way lost their severity, gynecologists or ordinary practitioners, without any qualms, and relying on the therapeutic theories then in vogue, have performed abortion or embryotomy on the living child for all kinds of motives, and frequently in conditions where today, owing to a closer and more critical observation, these radical solutions are not justified medically, even from the point of view of the mother. The campaign undertaken in favor of introducing into the legislation formal texts assuring impunity for the interruption of pregnancy and the sacrifice of the child to save the mother from death or great danger, cannot claim before the bar of public opinion the character of urgency. It cannot claim to assure to upright doctors the security necessary for the practice of their profession, nor can it protect them against a real danger of legal consequences.

CHAPTER XVII

THE SOCIAL PERIL

THOUGH the number of medical indications or official justifications for abortion has reduced the frequency of abortion, the number of voluntary abortions is increasing at an alarming rate. Not only serious reasons of the moral order, such as the disgrace of a young girl which will upset the traditions of a family that is widely esteemed and cause a reaction on innocent persons, or the pregnancy of a married woman which occurs during the absence of her husband, but even the most futile motives are invoked to justify abortion. In circles which profess self-respect, abortion is requested because the mother, if pregnant, would be compelled to restrict her worldly 'obligations,' and limit her receptions and pleasures, or because the comfort of the family would be curtailed, or the inheritance decreased. This proves that the moral sense, the sense of duty, has been notably lowered.

The figures which show the general lowering of the birth rate (with the happy exception, it would seem, of Lettonia), reveal the extent to which abortion is practised. In conjunction with the contraceptive prophylaxis which assures the 'artful sterility' of homes, it has caused the birth rate to fall, e.g. in Germany from 1914 to 1923, from the mean of 31.9 per 1000 before the war, to 19.1; in England from 35 per cent to 18 per cent in the last fifty years (a recent communication to the House of Lords). Almost everywhere in the large cities of Switzerland and elsewhere, the number of children attending school has been diminished to a noticeable degree. In many districts, owing to the deficit in births, midwives can no longer make a living, and by a doubly vicious circle, some of them claim this as an excuse to seek supplementary gain by abortions of convenience.

Still more directly, the statistics show that in these late years, the proportion of abortions to pregnancies, in an average city of Germany, increased from 10.2 per cent in 1910 to 18 per cent in 1915, and to 26 per cent in 1920 (Nibel, Zbl. fur Gyn., Nov., 1921), and in the impor-

tant centres from 9 per cent to 40 per cent (in Berlin and Dortmund, for example). Bender computes 250,000 abortions in Germany annually, but Vollman reckons that there are actually from 400,000 to 500,000, and Moses even 800,000; Hansburg computes 600,000 in the large cities and industrial centres alone. Freudenberg (Zeitsch. f. Hyg., 1925, no. 4) estimates that in 1923 and 1924, in the old quarter of Berlin (alt-Berlin) out of 44,000 pregnancies 23,000 were interrupted by abortion, and 20,000 by the effects of venereal diseases. Some of these estimates are probably less than the sad reality, the extent of which the medical profession admits is greater in populous cities, and, we are assured, is quite as great in some country districts. Even if we could arrive at exact figures in a matter as obscure as this, these figures, eloquent as they are, would still not suffice to express entirely the gravity of the plague. We could not, for instance, compute the manifold social reactions from these practices, at greater or less intervals, the diseases and deaths of women, the true cause of which is sometimes known to the doctor alone, who is bound by the professional secret. We could

not know the varied affections of the genital apparatus which a first abortion, even correctly performed, involves, often leading to later sterility, to ectopic gestations, or to a life of distress and suffering. Finally we cannot measure the lessening of the sense of duty which will inevitably lead to a decreased respect for law in other directions, and will thus affect public order. For those who are tempted to see in the restriction of births a guarantee of comfort for future generations, let us note in passing the economic disturbance it would lead to in a few years, from the relative decrease in the active and productive classes with reference to the more aged. From this would arise an increase in the charges of the whole social body, demanding from the young and the adults an increase of activity and of exertions.

The fears of Malthus (in 1798) with regard to overpopulation seem very much exaggerated today, outside of the great industrial centres and the greedy cities, where so many elements which could be useful elsewhere, continue to be swallowed up. The Malthusian theory naively held that "the more limited the number

of guests at the banquet of the universe, the more enviable would be their lot." It took no account of the possibility of improvements in production, stimulated by fresh needs; it did not advert to the fact that the sparsely settled regions are not the most prosperous, and that our farming regions today, which are evidently more thickly settled, afford a greater measure of comfort than the inhabitants of the same regions enjoyed centuries ago.

We now appreciate better the precious capital created by human life, and also by the increase of human lives in proper co-ordination. One life depends on the other; they mutually supplement each other to advance to more ease, more security, more intellectual development, and more knowledge. In the spirit of the Church, which resolutely opposes abortion, prolific peoples may neutralise the menace of overpopulation by the counterbalance of a religious ideal, to which it invites its members. It necessarily follows a path parallel with a more refined culture and a more lively religious sense. This ideal is celibacy; not the selfish celibacy which is intent only on escaping all restrictions and all restraints, but the severe disci-

pline of a life of voluntary continence and of material self denials freely accepted with a view to fecundity in a higher order; a celibacy which directs every activity toward the manifold forms of devotion to the physical and spiritual needs of one's neighbor, which grants the widest scope to every human faculty.

We have not reached this ideal yet. From all sides the cry of alarm is raised by economists against the decrease in births, due either to the perversions which frustrate the normal consequences of conjugal life, and which are opposed to the primary end of its institution, or to the increasing number of abortions.

Without doubt, the crisis in the birth rate, which is becoming ever more acute, is due to various and deep-seated causes of which the doctor cannot always take cognisance. A material aspect on life, selfishness, which is always with us but which in our days shows more ingenuity in pursuing and accomplishing its ends, and seizing on motives which to all appearance are reasonable and even noble, the fear of responsibility and inconvenience, the increase in workers at salary, the material difficulties of

housing, all play an important part in this respect.

Among the causes which prevent the generation of human life, the practice, one might say the abuse, of operations for sterilisation, is becoming so widespread that it will aggravate still more the dearth of children. Observations from many quarters show that nature seems to gird herself to baffle by her ingenuity the ingenuity of those who operate. The human germ succeeds in developing in spite of organic mutilations (ligatures, lesions and even resection of the tubes)[1], and in conditions that are amazing. Women who have not a lofty conception of their duties, and even husbands, exert pressure on the doctor who hesitates. There are such advantages to gain, at the price of an almost insignificant operation, complete secur-

[1] Quite recently, in the course of the same week, during the service of Professor J. L. Faure at Paris, in spite of the fact that both tubes with the entire active part of the womb had been removed, a pregnancy of about three months was discovered, which had developed in the stump of the neck of the womb; then another pregnancy, which was extra-uterine, and which terminated fatally, although the entire uterus with portions of both tubes had previously been removed. (Communicated by an auditor.) Cf. also the case of Zweifel (Société médicale de Leipzig, Jan. 11, 1927), etc.

ity, pleasure without obligation. Surgeons who undertake these interventions do not always weigh the consequences sufficiently. They may appear distant, but they will manifest themselves in the future, and give rise to late regrets, even to a veritable craving for maternity. This craving may urge the unfortunate woman to suicide[2] or more often cause her to continue in life discouraged and embittered and forsaken. Such regrets are not exceptional among women who have been sterilised for therapeutic reasons. They later choose to run the risk of a new operation, and a new pregnancy, rather than to feel themselves abandoned in life and even in death ("Kinderlos durch die Welt und aus der Welt gehen," says Sellheim). We have actual proof of this in the fact that surgeons such as Marion Douglas,[3] Michaelis,[4]

---

[2] Hussy tells of a mother who lost her four children in the course of an epidemic. She had previously submitted to a surgical sterilisation for a trivial reason, and in despair at having renounced all hope for children, committed suicide.

[3] Grossesse aprés salpingectomie (loco citato).

[4] Michaelis, Schwangerschaft nach Eileitereinpflanzung, Zbl. f. Gyn., 1927, no. 13 (an operation a year after an abortion, performed because of pulmonary tuberculosis in the fifth month, and completed by a double section and ligature of the tubes).

etc., publish a series of later restorative operations, much more complicated than the sterilisation, with a view to restore the function that was sacrificed too readily. They do not, however, guarantee the success of these operations, even in the majority of cases.[5] Other gynecologists such as Sellheim of Leipzig [6] propose for the initial sterilisation an ingenious technique, which will safeguard the possibility of restoring to the woman later, by another operation, at least the hope of fecundity. Before having recourse to this with a light heart, gynecologists should consider the surprises the future may hold in store, the unexpected changes in material and social conditions which are considered final, the never-ending yearning for children, widowhood, premature loneliness. In these changes which escape the calculations of a prudence that is short-sighted, the sterilisation may arise as an obstacle to happiness, and to the security which a new and fertile

[5] A. Meyer reports three women who later became pregnant out of twelve who submitted to the operation. Unterberger, two out of six, etc.

[6] Prof. Sellheim, Sterilisation der Frau mit Aussicht auf Widerherstellung der Fortpflanzungstatigkeit (D. M. W., April 22, 1927).

marriage might procure. They should consider the reactions of these operations on the sentiments which secure solidity to the union, and to the conjugal relationship, on the emotional life and moral attitude of the woman who is reduced to the sole resource of a purely selfish satisfaction and to a sterile pleasure. She is freed but she is also dethroned from the functions which her organism and her better nature demand. Twenty or thirty years ago, the era of the removal of the ovaries multiplied the number of insane women. Were the endocrine deficiencies resulting from this operation solely responsible? Will not the modern sterilisations, by their psychic action, give rise to further disorders? From the fact that such sterilisations have had their place among the depraved and the abnormal, for whom, without this intervention a long period of segregation would have been necessary (Naville, Rev. méd. S. Rom., Aug. 25, 1925) it does not follow that this means, even if effective against these perversions, is always indifferent when employed with normal subjects.

The very real danger of the spread of venereal diseases has already been noticed. A

woman may become too complacent with regard to the consequences of sexual relations, she may contract syphilis and infect the whole household. In determining the indications for such operations, there is already a tendency that is too marked to allow considerations that are purely economic to intervene. It is not admissible to consider only the immediate advantages at close range, and not to foresee the reactions on the family, in which they lessen the mutual regard of husband and wife, and on the social body, by the reduction of the sum total of human life, and by the attenuation in the public mind of the sense of duty, and of the healthy view of the nobility, the obligations, and the responsibilities of motherhood. In a word, it is not commendable for a doctor to disengage himself from the moral and social import of these interventions in the future.

In this domain, there are at stake, not only the interests of the individual, but the destinies of the race. Our acts as doctors, isolated though they be, have of necessity a distant reaction and hence a gravity and a responsibility that are very heavy.

The ease with which certain doctors have

practised abortion on medical indications, or it must be admitted, on medical pretexts, has not been without its effect on the disgraceful perversion of the public mind, on the decreased respect and regard for life in the germ, for the being still in the stage of development. This is proved by the increasing number of abortions. Various classes of the people, simple people of common sense as well as intellectuals, continue to rebuke as a crime, that which men who enjoy general confidence and esteem practise not only with impunity, but often for reasons which those outside the medical profession could not recognise as in any way urgent or compelling, for illnesses that are more or less serious, for dangers that are more or less problematic. Certain of these motives of the medical order, such as slight lung involvements, surely appear as of less gravity than other considerations of the moral order, such as the dishonor and discredit affecting a whole family, or the proved violation of an innocent girl by a vicious brute. If the interests of health are considered sufficient to justify the interruption of pregnancy, why should not the protection of other interests just

as serious make it legitimate? All who have regard for the future of the race and its interests are alarmed at the consequences which would follow by the successive deteriorations from such conclusions.

The plague of abortion is taking on more and more the proportions of a profound social evil. It is essential that the whole medical body work together and work vigorously for a radical change in public opinion. By its influence, it can contribute in reasserting the exact notion of the value of the life in germ, and in conveying a clear conception of what the natural law authorises and what it forbids. It will thus renew one of its most beautiful and most essential traditions, the scrupulous respect for human life, even the most abject and the most imperiled, and particularly for the life of the child in the womb, since it is so much exposed, so little protected, so little assured of a natural sympathy, and yet laden with all the promises and all the hopes of the future.

INDEX

Abortion, dangers of to mother, 74 sqq.; complications of, 76 sqq., 139; statistics on, 128; penal codes, on, 30; in tuberculosis, 127, 131; in chorea, 117; in psychoses, 114; and civil law, 70 sqq.; motives for, 137; indications for decreasing, 134; in pernicious vomiting, 108; in Russia, 30, 78 sqq.; in Germany, 138; in Czechoslovakia, 30, note.
Abruptio placentæ, 98.
Aggressor, unjust argument, 52.
Anemia pernicious, 118.

Birth rate, in Germany, 138; in England, ibid.

Cæsarian operation, on dying mother, 12, 59, 90; in contracted pelvis, 95; in tumors of uterus, 97; in placenta prævia, 98; in eclampsia, 107; in heart affections, 109.
Cancer of uterus, 87.
Celibacy, 141.
Chorea, 117.
Consciousness, appearance of, 26; not necessary for personality, 28.

Diabetes, 113.

Eclampsia, 9, 103, sqq.; and diet, 105; mortality, 106; treatment of, 106.
Ectopic pregnancy, 83 sqq.; after abortion, 78; armed expectation treatment, 88.
Edemas, 101.

Fetus, isolation of, 17 sqq.; relations to mother, 16; animation of, 18 sqq.; personality of, 29; attitude of materialists toward, 14.
Fractures, in pregnancy, 120 sqq.

Hemorrhages, in pregnancy, 100; in ectopic pregnancy, 81.
Heart affections, 119 sqq.
Hyperemesis gravidarum, 10, 108.

Impetigo, 118.
Individuality of child, 21.
Instinct, human, favors child, 61.
Intervention direct, prohibited, 45 sqq.; indirect allowed, 48, sqq., 84.

Kidney affections, 112.

Lausanne, Conference on Tuberculosis, 10, 123.
Law, moral, sternness of, 68.

Malthusian theory, 140.
Massage, abdominal, in toxemia, 103.

Nephritis, 112.

Pelvis, contracted, 94.
Penal codes, on abortion, 30, note.
Personality, of fetus, 23.
Placenta, prævia, 98.
Polyps, distinguished from fetus, 14, 18.
Porro, operation, 94.
Psychosis, 114; after abortion, 117.
Pubiotomy, 95.
Pyelites, 113.
Pyelonephritis, 113.

Resection, of promontory, 95.
Rights, conflict of, 32 sqq.; to life, 33, 50.

Social value, argument, 52 sqq.
Soul, seat of, 27.
State and abortion, 30.
Sterilisation, 143 sqq.; restoration operation, 144.
Stroganoff, treatment, 9, 105.
Survival, cases of, 91, note.
Syphilis and abortion, 71, note.

Titanic, shipwreck of, 36.
Toxemia, 101 sqq.
Tuberculosis, 10, 123 sqq.; immunity of child, 129; diagnosis, difficult, 125.
Tumors of Uterus, 87; toleration of in pregnancy, 97.

Uterus, removal of, 49; tumors of, 87; tolerance to injuries, 71, note; perforations of, in abortion, 75.

Version, 97.
Vomiting, pernicious, 10, 103, 108; treatment of, 110.

Weight loss of, tolerated 112.
Welti, proposition, 30.

HQ76
THO

22526

HQ
767
.C5
22526
AUTHOR Clement, Gustave
TITLE THOU SHALT NOT KILL
DATE DUE
BORROWER'S NAME

242.6 C626t
STUDENTS' LIBRARY 2482

BEFORE TAKING BOOK
from library, remove slip; put your name and date on it and place it in the box provided.

WHEN RETURNING BOOK
return the slip to the pocket and replace the book in its proper place.

A BOOK IS NO GOOD UNLESS YOU CAN FIND IT WHEN YOU NEED IT. Your cooperation in keeping an orderly library will enable you to get the best possible service from your library.

3 0311 00065 7373

P6-BXT-470